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UNITED STATES DISTRICT COURT NORTHERN DISTRICT, ILLINOIS

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TYRONE OWENS ET, AL, PLAINTIFF

V,

SHERIFF TOM DART Jefendant ET. AL. DEC 1 8 2007 alm Dec 18 2007

Dec 18 2007

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURS

CASE NO. 07-C-6800

JUDGE HOLDERMAN

MAGISTRATE JUDGE ASHMAN

MOTION FOR CLASS CERTIFICATION

NOW COMES, TYRONE OWENS, PLAINTIFF, PRO. SE. AND REGUEST THAT THIS COURT GRANT HIS MUTION FOR CLASS CERTIFICATION. IN SUPPORT THEREOF, PLAINTIFF AVERS THE FOLLOWING:

- 1. PLAINTIFF IS NOW ACTING PROSE AND REQUEST THAT THIS COURT BOLD HIM TO A LESS STRINGENT STANDARD STANDARDSTHAN THAT OF AN ATTORNEY, AS PRESEDENTED IN; HAINES V. KERNER 404 U.S.
- REFLECT THAT THIS CAUSE IS NOW A CLASS ACTION AND THAT ALL RECORD'S SHOULD REFLECT THE SAME, ALSO ALL FILINGS MAY BE SENT TO PLAINTIFF TYRONE OWENS UNTIL! AND IF A LAWYER IS APPOINTED TO THE CASE IF CLASS CERTIFICATION IS GRANTED,
- 3. DEFENDANTS HAS IMPLEMENTED THIS POLICY WHICH HAS AFFECTED

 ALL PRE-TRIAL LOCATED ON/IN DIVISION 1-H-3. A TOTAL OF 41 PRE-TRIAL

 DETAINERS, ALL CO-PLAINTIFFS HAS HAD THEIR CONSTITUTIONAL RIGHTS VIOLATED

 TEFENDANTS AS WELL.

- 4. PLAINTIRFS HAS COMPLIED WITH ALL DEPARTMENT REGULATIONS AND DEFENDANTS POLICIES ARE NOW IMPEDING THE ENTIRE DECK'S LITIGATION AND/OR DEPENSES.
 - 5. PLAINTIFF'S ARE NOW COMPLETING ALL ADMENISTRATIVE REMEDIES (THEY HAVE BEEN REPEATEDLY REPUSING TO ANSWER OUR GRIEVANCES) INTENTITUALLY

WHEREFORE, PLAINTIFF PRAYS THAT THIS COURT GRANT HIS MOTION FOR PLAINTIFFS AS MEMBERS OF THE CASE.

I MRONE OWENS

PLAINTIFF PROSE

TYRONE OWENS
20070076179
COOK COUNTY JAZL

STATE OF ILLINOIS)

)

COLANTY OF COOK)

ONAME JAMES CASAL RECORDED	Document 9 Filed 12/18/2007 Page 3 of 92 (2010)	
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38 Name Jose VALGEZ ID# 2005-002-5023 List of all Aliases 39 NAME EARL BOX HD# 2005005 8987 Eal Box List of all Aliases 40 Roshad Green List of all Aliases Roshad Inca 41 " Roosevett Canad Tot 20070052225 & Rowerett landy List of all Aliases 42. Ramone Griffin ID#20060088113 x Kamone Griffin 9 mos IDOC K68821 List of all Aliases

Cash 1:07FCV006800AT Boournent 9 Filed 12/18/2007 Page 8 of 92 FOR THE NORTHERN DISTRICT, ILLINOIS

TYRONE OWENS PLAINTIFFS ET. AL.

٧.

SHERIFF TOM DART DEFENDANTS ET, ALI CASE NO. 07-C-6800 JDG, HOLDER MAN MAG, JDG. ASHMAN

PROOF/CERTIFICATE OF SERVICE

TO: UNITED STATES DISTRECT COURT

U.S. DIST. CRT. CLERK 219 S. DEARBORN CHGO, IL, 60604 To:

I, TYRONE DUENS, DU CERTIFY THAT I PLACED IN THE MAIL AT COOK CO.

JAIL. THE FOLLOWING: TO BE MAILED TO THE ABOVE ENTITLED PERSONS ON 12/13/107

I MOTION AND 3 MOTIONS FOR CLASS BERTIFICATION, IS CO-PLAINTIFFS FORMA PAUPERIS WITH

6MOS. ACCOUNT BALANCES.

I CERTIFY THAT I AM A MEMBE IN THE ABOVE MENTIONED CHUSE, AND THAT THE ALL ABOVE INFORMATION IS TRUE TO THE BEST OF MIY KNOWLEDGE,

YPONE OWENS 20070076179

STATE OF ILLINOIS)

COUNTY OF COOK

7/11/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Page 9 of 92

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	Plaint	iff	ET,AL	•			
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SHE	ERIFF	2			CASE NUMB	er 07-0-6	800
101	$\overline{\mathbf{m}}$	<u> ZART</u>	<u> </u>		ningr Ho	DERMAN/ASI	Himian
	Dele	ndant(s)	et al		10DGE	, COER (IIIIII)	
and pr I, (other	information information in the second in the	additional LE on than the	space that is pro information. Pl NENS) in the above- of fees, or Vin	evided, attach on ease PRINT: , decl entitled case. To support of my p	e or more pages to are that I am the his affidavit con notion for appoi	ver the answer to any quant refer to each such questions the Liplaintiff Detitions the stitutes my application of counsel, or	oner Imovant n to proceed both. I also
the co	omplaint/	petition/m	to pay the cost otion/appeal. or penalty of pe	In support of the	edings, and that his petition/appli	I am entitled to the rication/motion/appeal	l, I answer the
IOHOV					الم دائات م	aciot n o	('a a 2)
1.	ID#	2007 N	y incarcerated? 0716179 ny payment fro	Name of pris	on or jail: COO	(If "No," go to Que COUNTY JAI Monthly amount	L
2.	Month	ily salary o	y employed? r wages: s of employer:	⊕ □Yes	<u> </u>		
	a.	Date of 1 Monthly	swer is "No": astemploymen salary or wage	es:			
		Name an	d address of la	st employer:	DYMAMIC	SECURITY	
,	ъ.	2	monthly salar	•			
3.	or any	one else l	iving at the sa	me address rec	ceived more tha	in the past twelve mo n \$200 from any of ll boxes that apply in a	the following
	a.	Salary or	wages	•		□Yes	DN6
	Amour	nt		Received	ıv·		

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	□No
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or m	ce, disability aintenance or D Yes	, □ workers child support □No
	Amount 564 Received by		·····
	e.	□Yes	□ Nσ
	f.) 🗆Yes	₽No P
4.	Do you or anyone else living at the same address have more than savings accounts? Output Description: Output Description: Output Description: Relationship to you:	amount:	
5.	Do you or anyone else living at the same address own any stock financial instruments? Property: Current Value: Relationship to you:	□Yes	
6.	Do you or anyone else living at the same address own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	☑No
7.	Do you or anyone else living at the same address own any automo homes or other items of personal property with a current market value. Property:	ne of more than Yes	\$1000? <u>E</u> No
, .	Current value: Relationship to you	· · · · · · · · · · · · · · · · · · ·	
8.	List the persons who are dependent on you for support, state your relindicate how much you contribute monthly to their support. If none, a CARMELIA L. OWENS SADE A	heck here 🗀 No	dependents

Case 1:07-cv-06800

Document 9

Filed 12/18/2007

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I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. Date: 11+2+0-7 Ignature of Applicant
I YRUNE OWENS
(Print Name)
NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six—month period—and you must also have the Certificate below completed by an authorized officer at each institution.
CED CHARLES CLASSES
CERTIFICATE (Incarcerated applicants only)
(To be completed by the institution of incarceration)
I certify that the applicant named herein, Tyrone Owens, I.D.#200 70076179, has the sum
I certify that the applicant named herein, Tyrone Owens, I.D.#200 70076/79, has the sum of \$\tag{40}\) on account to his/her credit at (name of institution) Crook Chy Dept of Consection
I further certify that the applicant has the following securities to his/her credit: I further
certify that during the past six months the applicant's average monthly deposit was \$_132.
(Add all deposits from all sources and then divide by number of months).
11/20/07 Son Worker Dean SIGNATURE OF AUTHORIZED OFFICER
Sor Worker DRAN (Print name)

rev. 7/18/02

Exit



Managed Services Managed Better.

Number Search

Name Search

Transactions

Orders

	20070076179 - OWEN	NS, TYRONE	
	BALANCE: \$	0.40	Balance
Stamp	Transaction	-3.10	0.40
11/14/2007	ORDER DEBIT	-95.98	3.50
11/08/2007	ORDER DEBIT	-76.50	99.48
10/25/2007	ORDER DEBIT ORDER DEBIT	-88.02	175.98
10/12/2007	CREDIT	264.00	264.00
10/09/2007	CREDIT	Detail or Print Full Report	

Click A Transaction To View The Detail or Print Full Report

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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

BRONE OWENS 2007	0076179
(Enter above the full name of the plaintiff or plaintiffs in this action)	
vs.	Case No: (To be supplied by the <u>Clerk of this Court</u>)
SHERIFF TOM DART	
·	
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	
	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983, or municipal defendants)
	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if k	cnown)
BEFORE FILLING OUT THIS COMP FILING." FOLLOW THESE INSTRU	LAINT, PLEASE REFER TO "INSTRUCTIONS FOR ICTIONS CAREFULLY.
. Plaintiff(s):	

Revised: 7/20/05

В.	List all aliases: NONE
C.	Prisoner identification number: 2007 007 6179
D.	Place of present confinement: COOK COUNTY JAIL
E.	Address: 2650 S. CALIFORNIA AVE.
	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of er.)
(In A	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space
	wo additional defendants is provided in B and C .)
for t	wo additional defendants is provided in B and C.)
for t	wo additional defendants is provided in B and C .) Defendant: TO D DART Title: SHERIFF OF COOK COUNTY Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTS
for t	wo additional defendants is provided in B and C.) Defendant: TO D DART Title: SHERIFF OF COOK COUNTY
for t	wo additional defendants is provided in B and C .) Defendant: TO D DART Title: SHERIFF OF COOK COUNTY Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTS
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for t	wo additional defendants is provided in B and C.) Defendant: TO D DART Title: SHERIFF OF COOK COUNTY Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTS Defendant: DOMINGUIZ Title: DIRECTOR OF JAIL
for tA.	wo additional defendants is provided in B and C.) Defendant: TO D DART Title: SHERIFF OF COOK COUNTY Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTS Defendant: DOMINGUIZ Title: DIRECTOR OF JAIL Place of Employment: COOK COUNTY DEPARTMENT OF CORRECTSON

III. **Exhaustion of Administrative Remedies**

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

Is there a grievance procedure available at your institution? A.

YES (NO () If there is no grievance procedure, skip to F.

Have you filed a grievance concerning the facts in this complaint? В. YES (NO ()

C. If your answer is YES:

- What steps did you take? FILED THREE GRIEVANCES
- 2. What was the result? THEY WERENT EVER RESPONDED TO
- 3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is NO, explain why not: I ATTEMPTED TO EXUAST MY REMEDIES, BUT THE DEPENDANTS ARE IMPROJUG MY

LITIGATION

Is	the grievance procedure now completed? YES () NO (
	there is no grievance procedure in the institution, did you complain to horities? YES () NO ()
If	your answer is YES:
1.	What steps did you take?
2.	What was the result?
If y	our answer is NO, explain why not:

List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal IV. court (including the Central and Southern Districts of Illinois):

BURTON T	Emms ex	
Approximate date o	f filing lawsuit:	2000
List all plaintiffs (if	you had co-plainti	ffs), including any aliases:
List all defendants:	OFFICERS:	WALKER, TIMMS, BURTO
		(if federal court, name the district; if N PISTRICT
court, name the cou	nty): NORTHER	
Name of judge to w	nty): <u>NORTHER</u> hom case was assig	N PISTRICT

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

a. TYRONE OWENS V. ROGER E. WALKER et. al.

2002

3

PEFENDANTS, BURGESS ET al SOUTHERN DISTRICT, BRATENGS (OISMESSED?)

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT (1) 14TH AMENDMENT, 8TH AMENDMENT / CREUL AND USUAL PUNISHMENT, DUE PROCESS

BEGNNING: THE DEFENDANTS IMPLEMENTED A NEW POLICY WHICH VIOLATES

DUR CONSTITUTIONAL RIGHTS.BY FORCING (PRE-TRIAL DETAINEE'S) TO LOCK UP IN OUR CELL 19-23

HOURS A DAY. THIS MORNING I WAS ORDERED TO GET OFF OF THE PHONE AND I HAD ONLY BEEN OUT

TY CELL FOR ONE HOUR TO USE THE PHONE AND TO SHOWER AND TO TRY TO GET SOME SUPPORT TO

JAIL.

DAILY I'VE BEEN FORCED TO ENDURE VERY RESTRICTIVE AND PUNISHING CON-ITIONS AS THOUGH I WAS A CONVICTED PELON THIS IS WHITT I WRETE IN ... THIS MURNING I WAS ORDERED TO GET OFF OF THE HONE AND TOLD TO LUCK LIP I BEGGED THE OFFICER TO ALLOW THE TO USE HE PHONE FOR (15) MORE MENUTES, SO THAT I GIVE SITH WITH IN DIE FAMILY 40 MY ATTORNEY (whom I was TRYING TO HIRE THROUGH MY CAMILY) HE WALD NO SLES ARE TO HEEP THIS GOVER IN YOUR CELLS WHILL FOR THE COLDER OF SUFFERDED WHAN SE AGE ALLOSED OUT OF OUR COOLS FOR THE COURTE OF TO LOS A DITY, IT I THERON FORESTART LONG THE STATE OF THE STATE OF THE STATE OF THE LICE I FLEXICA CLIPPED BY BEEN GOOD CONTRACT SPECIAL LANGUAGE CONTRACT ON THE CONTRACT OF THE 186 110 DING THIS WITNESS COULD AND WOULD PROVE MIY INOCENCE. THERE IS ONLY ONE HOME ON THE UNIT FOR US (40 PRE-TRIAL DETAINERS) THERE'S DI ENDLIGH TIME TO LISE THE PHONE TO DESIST OUR CASES, WITH A DUBLING LIDE LIDET TO ALKAND IT TAKES 5 10 INTINS TO GET CONSETED, WITH ONLY 1-2 HOURS OUTSIDE OF THE CHILS THAT ONLY ALLOWS 6 PEOPLE TO USE THE PHONES A DAY, AND THE SHOWERS LAKE LONGER ONLY LLOWING 3-4 PEOPLE TO SHOWER ADAY, IN SEVERAL GRIEVANCES I MENTIONED THAT SINCE E'RE NOT CONTICIED FELONS WE MUST BE HELD TO A LESS STRINGENT STANDARD THAN CONVICTED SLONS, AND NOT LUCKED UP 23 HOURS A DAY-INTPEDING OUR LEGAL DEFENCE - SLITIGATION TN ALL COUNTS LISTED IN THES CAUSE, DEFENDANTS ARE SHED IN THEER INDIVIDUAL AND FFICTAL CHPACITIES AS A RESULT OF DEPENDANTS ACTIONS I NOW SUFFER

(5)

FROM SEVERE HEADACHES, SEVERE DEPRESSION LOST OF WEINESSES TO PHONE MY
INNOCENCE, DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS COULD
RWOULD CAUSE PLAINTIFF SEVERE IRREPARABLE INTURERS, DEFENDANTS DID
O KNOWINGLY AND MIALT CIOUSLY AND INTENTIONALLY WITH THE INTENT TO CHUSE
PLAINTIFF INJURY AND DID SO FUR NO PENOLUGICAL PURPOSE.
OUNT @ 8TH AMENDMENT/CREUL AND USUAL PUNISHMENT, 14TH AMENDMENT
UE PROCESS.
BEGINING 11+15+07 I HAVE BEEN FORCED TO USE THE TOILET (SOMETIMES) TO BATHE
(AUSING ME IN JURIES. IND TO WASH MY LINDERWEAR BECAUSE THE DEFENDANTS REFUSE TO REPAIR MY SINK AND
HE SHOWER ETTHER. (THE SHOWER WORKS SOME TIMES) IN THE SHOWER THE RE ARESOME
ITTE BLACK WORMS, MILDEW, SLIM AND THE DRAIN BACKS UP OFTEN FURGING, ME
U STAND IN SENER WHIER AND MOLD, MY DRINKING WATER COMES OUT KED OK
CODE IT MES BROWN DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS
DOULD CHUSE ME SEVERE IN TURTES. DEFENDENTS DID SO MALTCIOUSLY AND INTENTIONALLY
SCAUSE IN TURY, AS A RESULT OF VERBNIPANTS ACITONS PLAINTIFF SUFFERS FROM PATHELETE'S FOOT,
EVERE DEPRESSION, SEVERE HEADACHES AND SKIN IRRITATION, DEFENDANTS ARE SHED IN THEIR
NDIVIDUAL AND OFFICIAL CAFACITIES,
SUNT (3)
RETALIATION AND ISTAMENDMENT FREEDOM OF SPEECH
ON OR APOINT 11+ 18+07 DEPENDANTS BEGAN RETHLEATING HOAINST ME BECOME I FILED
EVERAL GRIEVANCES, @ DEFENDANTS REFUSED TO ANSWER MY GRIEVANCES, @ MY
AIL AND REQUEST SLIPS NEVER ARE DELIVERED. @ PEFENDANTS TOLD MANY DETAINERS WHAT
IND OF CHARGES I HAVE AND CONSPIRED WITH THEM TO START FIGHTS WITH ME.
DEFENDANTS ARE THEING PEECES OF MY MAJE OUT OF MY ENVELOPES, AND CHITTING MY MAJE
PIECES, DEFENDANTS KENEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS WOULD CAUSE

S

PLAINTIFF SEVERE TREENARMOR INTENT TO CAUSE IN TURIES. AS A RESULT OF DEFENDANTS ACTIONS PLAINTIFF NOW SUFFERS FROM SEVERE DEPRESSION, SEVERE HEADACHES AND LOST OF SUPPORT.

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLAINTIFF PRAYS THIS COURT AWARD HIM \$500,000 COMPENSATURY
DAMAGES OR \$250,00 A DAY FOR TIME SPENT IN VIOLATION OF HIS RIGHTS.
3.5 MILLION FOR PUNITIVE DAMAGES, IMMEDIATE CHANGE
IN POLECY/MORE HOURS OUTSEDE OF CELL

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this $\frac{27}{2007}$ day of $\frac{100}{2007}$, $\frac{2007}{2007}$
(Signature of plaintiff or plaintiffs)
LYRONE OWENS
(Print name)
20070076179 (I.D. Number)
COOK COUNTY JAIL
2650 S, CALTFORNIA AVE.
P.O. BOX#089002 (Address)
(A MULLOO)

Case 1:07-EV106800 E Document 9 SFILE 12/18/2007 Page 23 of 92 FOR THE NORTHERN DISTRICT OF ILLINGIS

TYRONE OWENS

PLAENTIFF ET. AL.

V.

(S, F

SHERIFF TOM DART ET.AL.

MOTION FOR CLASS CERTIFICATION

NOW COMES, TYRONE OWENS, PLAINTIFF, PRO SE AND REQUEST THAT THIS COURT GRANTS HIS MOTION FOR?

- 1. PLAINTIFF IS NOW ACTING PRU SE, AND REQUEST THAT THIS COURT HOLD HIM
 TO A LESS STRINGENT STANDARD THAN THAT OF AN ATTORNEY AS PRECEDENTED IN:
 HAINES V.KERNER 404 U.S.
- AND ADD THE REMAING 33 PLAINTIFFS TO THIS CAUSE.

Case 1:07-cv-06800 Document 9 Filed 12/18/2007 Page 24 of 92

Part-A / Control #: X

Referred To:

Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

Detainee Last Name: Tribonal Clark Spring First Name: Tribonal
ID#: Activity Div.: Living Unit: H-3 Date: 1/ / / / / / /
BRIEF SUMMARY OF THE COMPLAINT: ON IN ABOVED DATE I WAS ORDERED OF
THE PHONE AND TULD TO "LOCK UP" I NEVER GET ENOUGH TIME TO
MAKE CALLS AND SHOWER AND PREPARE A DEFENCE ON MY CHISE
MURE SU NO. O. BECAUSE THE KULES HERE VIOLATE MY RUNSHLUTTUP
THE KINITO BY DRUIN I DE A DETINEED TO BE LOCALD INVINYOR
CELL DIEN ATDRNEY SFFICES AND ENVIRON CHURN,
THE IRRIPATIONSED DAMAGES LAKING MED TWOODE MY CELL EX
18-23 HOURS ADMY, PREVENTEDO HIE ENDINGELING HIT FORMEL
MID THER SUPPORTERS. THE SURTICE, NO INVESTIGATE MINE MINEST
I > CAUSING THE TO SUFFER FROM HEADACHES AND DEPRESSION.
I WAS TOLD (BY MY LAWYER) TO CALL HIPS SPETCE TO AFRANCIE LEGILLIEES
MATTLE V Shill 1000052046 BAKETA HACKES 30070063837 ALGARIO COLLAR NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
ACTION THAT YOU ARE REQUESTING:
DETAINEE SIGNATURE:
C.R.W.'S SIGNATURE 150 / 100 / DATE C.R.W. RECEIVED: 1/1/1

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.

All appeals must be made in writing and directly submitted to the Superintendent.

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NOW I'M FORCED TO GO TO COURT WITHOUT MY LAWYER. THE OFFICER WHO ORDERED US TO LOCK UP "TOLD US THAT WE SHOULD GO TO THE LAW LIBRARY AND READ A "GENERAL ORDER" THAT WAS READ AT ROLL-CALL ALMOST WEEKLY, SINCE I'VE BEEN IN COOK COUNTY JAIL. THE JAIL HAS IMPLEMENTED NEW RULE'S WAICH VIOLATE'S THE CONSTITUTIONAL RIGHTS OF (PRE-TRIAL) DETAINEE'S, RULES THAT IMPEDES THE PRE-TRIAL DETAINERS TRIAL PREPARATION, THERBY PLACING A SEPARATE BURDEN ON THE DETAINERS, THOW TO FIGHT FOR HIS LIFE AT TRIAL, WITH ONLY A SHORT AMOUNT OF TIME, TO BE OUT SIDE THE CELL AND ONLY ONE TELEPHONE TO BE USED BY 20 INMATES WHO ALSO NEED'S TO USE IT FOR ABOUT W HOUR APETCE. BUT THE PHONE ONLY WORKS SOMETIMES!

WHEN I ASKED AN OFFICER, WHY ARE YOU TREATING US LIKE COVICTED RELONS? HE SAID YOU GUY'S SHOULD BE HAPPY, THIS IS PART OF IDOC PROCEDURE, "IDOC" STANDS FOR TLLINOIS DEPARTMENT OF CORRECTIONS.

WE WERE TOLD THAT WE NEED TO BE LOCKED UP UNTIL TRIAL IS OVER.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFTEY OF A DETAINEE
Detainee's Last Name: Dwons First Name: Tynon ID# 2007-10076179
Is This Grievance An Emergency? YES NO
C.R.W.'S Summary Of The Complaint: Define allege and an antenney
Is This Grievance An Emergency? YES NO Z C.R.W.'S Summary Of The Complaint: Let a let a let a form foliar for form for haday C.R.W. Referred Griev. To: South District Date Referred 11/1/1/1/1/1/2
C.R.W. Referred Griev. To: Supt Divi
Response Statement:
Typicalle from out it produce best bushines.
(print- name of individual responding to this griev.) — (signature of individual responding to this griev.) — Date: /// Div./Dept.
(print - name of Supt. / Designee / Dept. Admin.) Date: // // Div./Dept. / Div./Dept.
(print - name of Prog. Serv. Admin.) - (signature of Prog. Serv. Admin.) Date:
Date Detainee Received Response: // / // Detainee Signature:
REQUEST FOR AN APPEAL
APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE
Date Detainee Request For An Appeal:/
Detainee's Basis For An Appeal:
Appeal Board's Acceptance Of Detainee's Request: YES NO
Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:
Appeal Board's Signatures / Dates:
Date Detainee Rec.'d the Appl. Bd.'s Response://Detainee Signature:
GRIEVANCE CODE(S): () () ()
Grab (1.11(C) CODE(G). (

7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION

. /	()	1 3.1 1/	FINAN	AND CIAL AFFIDA		
<u> </u>		Plaintiff Et AL	·		* ' * <u>*</u>	
		ν.				
5	herif	F. Ton Dart	CASE NUMB	er (7- (- (0800	
	•	Defendant(s) ETAL	JUDGE 🍻	HOLDERMAN/	AShman	
Wh	erever L	Jis included, please place an Xinto which nation than the space that is provided att				
and	provide	e the additional information. Places DDB	m	at rejer to each suc	h question number	
(oth	ier	in the above-entitled c	, declare that I am the ase. This affidavit cons	Dplaintiff Dpeti	tioner Omovant	
decl	are tha	I am unable to pay the costs of the	n my monon for appoin	tment of counsel,	or 🖫 both. Talso	
the (compla wing q	int/petition/motion/appeal. In suppor uestions under penalty of perjury:	t of this petition/applic	ation/motion/appe	erelief sought in sal, I answer the	
1.	Аге	VOII CHITENTLY incarcarated?	7Kan (7) ((1 0 m t m		
	I.D.	#20676645096 Name o	Yes □No f prison or jail: Cook	(If "No," go to Q	uestion 2)	
2				Monthly amoun	. L. C.	€€ (17#
2.	10M	you currently employed?	· -			
	Nan	ne and address of employer:				
	a.	If the answer is "No".				
		Date of last employment: Monthly salary or wages:				
		Name and address of last employed				
	L	4				
	D.	Are you married?	Yes DNo			
		Spouse's monthly salary or wages: Name and address of employer:				
3.	Apart					
	or any	from your income stated above in resp yone else living at the same address as? Mark an X in either "Yes" or "No!	onse to Question 2, in the received more than \$2	ne past twelve more	oths have you	
ş.	source	s? Mark an X in either "Yes" or "No"	, and then check all bo	xes that apply in ea	ne tonowing ach category.	
	8.	Salary or wages		□Yes		
	Amour	ntReceive	d by	∟ I ¢8	$\square N_0$	

	b.	□Yes	□ [2]No
,	c.	□Yes	ØN₀
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or mai	e, □ disability ntenance or □ □Yes	, □ workers child suppor □No
	AmountReceived by		
	e.	□Yes	DNo
	f.	□Yes	⊠No
4.	Do you or anyone else living at the same address have more than \$\) savings accounts? \text{Yes} \text{No} \tag{No} \tag{Total a} \] In whose name held: \text{Relationship to you:}	200 in cash or mount:	checking or
5.	Do you or anyone else living at the same address own any stocks, financial instruments? Property: In whose name held: Relationship to you:	∐Yes	– ГЛУ
6.	Do you or anyone else living at the same address own any real e condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	LJYes	LMNo
7.	Do you or anyone else living at the same address own any automobinous or other items of personal property with a current market value	les, boats, tra of more than ∐Yes	ilers, mobile \$10007 ₩No
,	Property:		
8.	List the persons who are dependent on you for support, state your relating indicate how much you contribute monthly to their support. If none, ch	ionship to eacl eck here ⊠No	n person and dependents

Case 1:07-cv-06800

Document 9

Filed 12/18/2007 | Page 29 of 92 RKINAV

20070045096 E-2-9

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period-and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, Michael Work man, I.D.#20070045096, has the sum of \$ 4,60 on account to his/her credit at (name of institution) Cook by Dept of Concetion

I further certify that the applicant has the following securities to his/her credit:

I further certify that during the past six months the applicant's average monthly deposit was \$ 206. (Add all deposits from all sources and then divide by number of months).

(Print name)

rev. 7/18/02



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 12/04/2007

Inmate Name: WORKMAN, MICHAEL

Balance: \$4.60

Inmate Number: 20070045096 Inmate DOB: 12/11/1975

Stamp	Transaction	Amount	Balance
11/28/2007	ORDER DEBIT	-57.71	4.60
11/19/2007	ORDER DEBIT	-59.76	62.31
11/14/2007	ORDER DEBIT	-58.18	122.07
11/08/2007	ORDER DEBIT	-46.03	180.25
11/06/2007	CREDIT	~ 200.00	226.28
11/01/2007	ORDER DEBIT	-72.20	26.28
10/27/2007	RETURN CREDIT	7.98	98.48
10/25/2007	ORDER DEBIT	-79.76	90.50
10/18/2007	ORDER DEBIT	-48.62	170.26
10/15/2007	RETURN CREDIT	7.50	218.88
10/12/2007	ORDER DEBIT	-63.12	211.38
10/09/2007	CREDIT	<i>—</i> 200.00	274.50
10/08/2007	RETURN CREDIT	2.25	74.50
10/04/2007	ORDER DEBIT	-60.40	72.25
09/27/2007	ORDER DEBIT	-59.04	132.65
09/21/2007	ORDER DEBIT	-41.11	191.69
09/17/2007	CREDIT	200.00	232.80
09/15/2007	RETURN CREDIT	1.60	32.80
09/14/2007	ORDER DEBIT	-44.49	31.20
09/06/2007	ORDER DEBIT	-79.76	75.69
08/31/2007	ORDER DEBIT	-80.98	155.45
08/24/2007	ORDER DEBIT	-81.31	236.43
08/16/2007	ORDER DEBIT	-67.90	317.74
08/13/2007	CREDIT	~ 300.00	385.64
08/10/2007	ORDER DEBIT	-48.71	85.64
08/06/2007	RETURN CREDIT	6.50	134.35
08/01/2007	ORDER DEBIT	-36.29	127.85
08/01/2007	CREDIT	_ 85.00	164.14
07/30/2007	RETURN CREDIT	3.50	79.14
07/26/2007	ORDER DEBIT	-53.28	75.64
07/25/2007	CREDIT	85.00	128.92
07/23/2007	RETURN CREDIT	2.00	43.92
07/21/2007	ORDER DEBIT	-70.58	41.92
07/13/2007	CREDIT	85.00	112.50
07/12/2007	ORDER DEBIT	-72.70	27.50
07/03/2007	CREDIT	85.00	100.20
06/29/2007	ORDER DEBIT	-84.80	15.20

Page 31 of $92^{\text{Page 2 of 2}}$ ARAMARK Inmate Information Case 1:07-cv-06800 Document 9 Filed 12/18/2007

06/21/2007

CREDIT

100.00

100.00

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7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND

Bang	Burnell 2006-004-6096 aintiff E+-AL	FINANCIAL AFFIDAVIT
Sheri	ff Dert efendant(s) Et AL	CASE NUMBER 07-2-6800 JUDGE HOLDERMAN/ASHMAN
and provide L. Barry other vithout full leclare that he complain	in the above-entitled case. I in the above-entitled case. prepayment of fees, or W in support of my I am unable to pay the costs of these process.	box applies. Wherever the answer to any question requires me or more pages that refer to each such question number lare that I am the Aplaintiff Opetitioner Omovant This affidavit constitutes my application of to proceed motion for appointment of counsel, or Aboth. I also eedings, and that I am entitled to the relief sought in his petition/application/motion/appeal, I answer the
Are I.D. : Do y Are y Mont	you currently incarcerated?	son or jail: Cook County Department of Coon? Dyes MNo Monthly amount:
a .	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last employer:	
ь.	Are you married? Spouse's monthly salary or wages: Name and address of employer:	□ Λνο
	rom your income stated above in response	to Question 2, in the past twelve months have you ived more than \$200 from any of the following d then check all boxes that apply in each category.
a.	Salary or wagesReceived by_	□v □v.

	b.	□Yes	ΩŃ _o
	c.	□Yes	ΩK√o
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or manager of the compensation.		
	AmountReceived by		
	e.	□Yes	₩No
	f.	Yes	☑ √0
-	Do you or anyone else living at the same address have more than savings accounts? Yes No Total In whose name held: Relationship to you:	\$200 in cash or amount:	checking o
	Do you or anyone else living at the same address own any stocks financial instruments? Property: Current Value: Relationship to you:	[]Yes	ŪŃo
	Do you or anyone else living at the same address own any real of condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Relationship to you:	[]Yes	Li≥Klo
	Amount of monthly mortgage or loan payments: Name of person making payments:		
	Do you or anyone else living at the same address own any automobhomes or other items of personal property with a current market value		
	Property:		
	Current value:		· · · · · · · · · · · · · · · · ·
	Current value: In whose name held: Relationship to you:		
	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, ch	ionship to each	person and dependents

STATE OF ILLINOIS)
COUNTY OF COOK
) ss
;
<u>AFFIDAVIT</u>
I Barry Burrell do swear that the Following is true
to the best of my knowledge, And If called to testify I
would Do so swearing to the facts Herein:
On or About 3/01/07 I witnessed the defendants implement a
policy that violates my constitutional rights, i.e. Defendants only
on the Officer). And I'm only a, "Pre-Trial", detainer" and supplement be
held to a less stringent standard than that of a convicted
Felon. While out of my cell for the hour" (with 30 Plus) other
detainee's I must shower, and use the phone and it takes 5 mins. to
get connected and call last 20 mins, that's 25 mins. That's only enough
time for 2 people to use the phone, as a result, I suffer from
Severe Headaches, severe depression, and loss of Defence of my case
due to not enough time out. This statement is my own and its
True
I. Barry Burnell being first duly sworn under oath depose and state
that the foregoing is true and correct and made upon my personal knowledge and
I am competent to testify thereto.
Burn Burley
11 has 1 401 11 530 5100
Notarized Under and by 735 ILCS 5-109, Under Puriory
5-109, Under Purjury Subscribed and affirmed to before me
this day of Der, ,2007
Boons Burrell
Notary_Public '

Case 1:07-cv-06800

Document 9

Filed 12/18/2007 Bage 35 of 92/

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

11-15-07

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

IPAG/07 BATE

SIGNATURE OF AUTHORIZED OFFICER

Soe Worker DoAn
(Print name)

rev. 7/18/02



Managed Services

Managed Better.

TRANSACTION REPORT Print Date: 11/29/2007

Inmate Name: BURRELL, BARRY

Inmate Number: 20060066096

Inmate DOB: 12/24/1981 Balance: \$16.71

Stamp	Transaction	Amount	Balance
11/19/2007	ORDER DEBIT	-1.87	16.71
11/14/2007	ORDER DEBIT	-82.86	18.58
11/13/2007	CREDIT	50.00	101.44
11/06/2007	CREDIT	50.00	51.44
11/01/2007	ORDER DEBIT	-6.05	1.44
10/18/2007	ORDER DEBIT	-44.50	7.49
10/15/2007	CREDIT	50.00	51.99
10/12/2007	ORDER DEBIT	-2.00	1.99
09/27/2007	ORDER DEBIT	-29.82	3.99
09/24/2007	RETURN CREDIT	3.96	33.81
09/21/2007	ORDER DEBIT	-32.57	29.85
09/17/2007	CREDIT	50.00	62.42
08/24/2007	ORDER DEBIT	-7.02	12.42
08/16/2007	ORDER DEBIT	-39.36	19.44
08/10/2007	ORDER DEBIT	-41.55	58.80
08/06/2007	CREDIT	50.00	100.35
08/03/2007	CREDIT	50.00	50.35
08/01/2007	ORDER DEBIT	-1.00	0.35
06/29/2007	ORDER DEBIT	-48.93	1.35
06/25/2007	CREDIT	50.00	50.28
06/14/2007	ORDER DEBIT	-3.12	0.28
06/09/2007	RETURN CREDIT	3.12	3.40
06/08/2007	ORDER DEBIT	-3.12	0.28
06/01/2007	ORDER DEBIT	-46.62	3.40
05/25/2007	CREDIT	50.00	50.02
05/11/2007	ORDER DEBIT	-16.90	0.02
05/04/2007	ORDER DEBIT	-36.76	16.92
04/30/2007	CREDIT	50.00	53.68
04/27/2007	ORDER DEBIT	-13.02	3.68
04/20/2007	ORDER DEBIT	-33.54	16.70
04/16/2007	CREDIT	50.00	50.24
04/13/2007	ORDER DEBIT	-3.90	0.24
03/29/2007	ORDER DEBIT	-34.10	4.14
03/23/2007	ORDER DEBIT	-19.08	38.24
03/16/2007	ORDER DEBIT	-42.88	57.32
03/12/2007	CREDIT	100.00	100.20
03/09/2007	ORDER DEBIT	-0.78	0.20

ARAMARK Inmate Case 1	Information 1:07-cv-06800	Document 9	Filed 12/18/2007	Page 37	7 of 92 Page 2 of 2
03/02/2007	ORDER DEE	BIT		-8.60	0.98
02/23/2007	ORDER DEE			-15.47	9.58
02/16/2007	ORDER DEE	BIT		-8.79	25.05
02/13/2007	CREDIT			20.00	33.84
02/09/2007	ORDER DEF	BIT		-36.79	13.84
02/06/2007	CREDIT			50.00	50.63
02/02/2007	ORDER DEF	BIT		-0.78	0.63
01/22/2007	RETURN CR	REDIT		0.78	1.41
01/19/2007	ORDER DEF	BIT		-0.78	0.63
12/29/2006	ORDER DEE	BIT		-48.97	1.41
12/26/2006	CREDIT			50.00	50.38
12/15/2006	RETURN CR	REDIT		0.15	0.38
12/15/2006	ORDER DEE	BIT		-4.70	0.23
12/08/2006	ORDER DEF	BIT		-30.10	4.93
11/17/2006	CREDIT			25.00	35.03
11/17/2006	ORDER DEE	BIT		-39.97	10.03
11/13/2006	CREDIT			50.00	50.00
11/10/2006	ORDER DEE	BIT		-32.88	0.00
11/03/2006	CREDIT			30.00	32.88
11/02/2006	ORDER DEE	BIT		-12.41	2.88
10/26/2006	ORDER DEE	BIT		-51.68	15.29
10/05/000					

50.00

-33.54

50.00

-3.90

1.65

-65.82

50.00

-15.47

-43.48

50.00

-27.47

50.00

5.00

66.97

16.97

50.51

0.51

4.41

2.76

68.58

18.58

34.05

77.53

27.53

55.00

5.00

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10/25/2006

10/12/2006

10/10/2006

10/06/2006

10/02/2006

09/28/2006

09/25/2006

09/22/2006

09/15/2006

09/11/2006

09/08/2006

09/05/2006

08/28/2006

CREDIT

CREDIT

CREDIT

CREDIT

CREDIT

CREDIT

ORDER DEBIT

ORDER DEBIT

ORDER DEBIT

ORDER DEBIT

ORDER DEBIT

ORDER DEBIT

RETURN CREDIT

7/14/02

3.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION

N			AND	
ALBERTO) Coltal	FINANC	IAL AFFIDAY	VIT
Plaintiff	ET. ÀL.			
v.				
SHERIFF				
TOM (OLL	CASE NUMBE	RO7-C-68	800
Defenda	int(s)	JUDGE Ho	lder man/	4 shiman
			1	
Wherever 🗇 is inclu	ided, please place an X into which	chaver hav applies Wil		
			r the answer to any of trefer to each such	question requires
and provide the add	itional information. Please PRI	1¥1.	/	
(other) in the above-entitled	_ declare that I am the	⊿plaintiff □petiti	oner Omovant
without full prepay	THE STATE OF THE S	of my motion for any interest	tutes my applicatio	n 🔾 to proceed
- many manie potte	amendanappear. In simpo	rt of this petition/applica	tion/motion/appea	l, I answer the
Tonowing questions	s under penalty of perjury:		• •	,
1. Are you cu	rrently incarcerated?	☑Yes □No	(If "NIa ? + - A	
I.D.#∂oc	Name	of prison or init (CC)	(If "No," go to Qu	
Do you rece	eive any payment from the ins	stitution? DYes DNo	Monthly amount:	
		/	•	<u>v. () ()</u>
Monthly sal	lary or wages:	□Yes MNo		
Name and a	ddress of employer:	-		
-			·	
	e answer is "No":	100-		
Mor	of last employment: // othly salary or wages: //	100		
Nan	te and address of last employ	TO COLOR	TIMENAR	- 10
	TUT WOLZON	W. J. J.	AUDOVAI J	DA (2)
b. Are	you married?	□Yes □No		
Spou	ise's monthly salary or wages	3.		
Nam	e and address of employer:			
Annet from				
or anyone ele	our income stated above in res	sponse to Question 2, in th	e past twelve mon	ths have you
	Y TITLE AL LIC SAILE MANEER	g received mora than Co	ΛΛ	
<i>y</i>	kan X in either "Yes" or "No	, and then check all box	es that apply in eac	ch category.
a. Salary	y or wages		□Yes	57V2
Amount	Receiv	ved by	Lites	MN ₀

	b. Business, profession or other self-employment Received by	□Yes	DNo
	c.	□Yes	ΩNο
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or management.	aintenance or □ □Yes	y, □ workers child suppo □No
	Amount Received by		
	e.	□Yes	ØN₀
	f.	□Yes	DN ₀
4.	Do you or anyone else living at the same address have more than S	\$200 in cash or amount	checking or
5.	Do you or anyone else living at the same address own any stocks financial instruments? Property: Current Value: In whose name held: Relationship to you:	[]Yes	$\square N_0$
6.	Do you or anyone else living at the same address own any real econdominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Relationship to you: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	QΝο
7.	Do you or anyone else living at the same address own any automobinomes or other items of personal property with a current market value	iles, boats, trail of more than \$ \[\sum Yes \]	lers, mobile 10007/ ElNo
	Property:		
•	Current value: In whose name held: Relationship to you:		
3.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, ch	ionship to each eck here DNo	person and dependents

Case 1:07-cv-06800 Document 9 Filed 12/18/2007 Page 40 of 92
STATE OF ILLINOIS }
COUNTY OF COOK (
) ss)
į
j
<u>AFFIDAVIT</u>
I LUBERTO COLIN SWEAR THAT THE FOLLOWING IS
TRUE TO BEST OF MY KNOWLEDGE AND IT CALLED
TO TESTIFY I NOULD DO SO SWEAKING TO THE
PACTS HEREIN
ON MARCH 1,07 I ALBERTO CUTU WINESS COOK COUNTY
JAIL STAFF IMPOSE A POLICY THAT VIOLATES MY CONSIFTU-
TOUR CTOHTS. AS OF MARCH I, UT COOK COUNTY JAIN STAFF AL
ONS ME TO BE OUTSTOF MY CELL FOR CATTON HOURS A DAY.
IT'S WHATE BECKISE AT THIS MONINT I'M ONLY A "DETADLEE"!
I MUST BEHELD TO A LESS STRINGENT STANDARD THAT OF A
DUVICTED FELON. WHEN TH OUT MY CELL FOR THE HOURS (NOTH 30
PUS) OTHER PRETRIAL DENDINEED I MUST SHIMER AND OXCUPY THE
PHULE TO MAKE IMPURITANT CALLS, WHICH DIPROXIMATELY TAKES
5 MINUTES TO GET CONNECTED WITH THE INDIVIDUAL PLUS THE TIME
COURT ON THE PHONE CALL IS DO MINITES, WHEN DUE, ITS
being first duly sworn under oath depose and state
that the foregoing is true and correct and made upon my personal knowledge and
: am competent to testify thereto.
WTARTZED INDER AND BY 735 ILCS 5-109, WDER PURJURY AFFIANT ALCERTO COLIN
5-109, WDER PIRJURY AFFIANT
ALCERTO COLIN
ubscribed and affirmed to before me
his 1/ day of 1/ ,200 7
otary Public

NEARLY Assembly Evolution of Spiles Washood Fragrant to FILE REVERSE ON USE THE PHONE (IF A SEVERAL OTHER DATAINEES TO USE THE PHONE (IF A CHANCE). AS A RESULT, I SUFFER FROM MASOR HEADACHES, MENTALLY DEPRESSION AND CAN'T CONCEPTRATE WHICH HAS GENERATED TO UST OF DEFENCE ON MY CASE DUE TO NOT ENOUGH TIME OUT. THIS STATEMENT IS MY OWN AND IT'S TRUE!

CARRELLANDER

Page 42 of 92 LUIC W TILC3 D

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 1/13/07

Signature of Applicant

Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

12/4/07

Soc Worker Door SIGNATURE OF AUTHORIZED OFFICER

Soc worker Ictra
(Print name)

rev. 7/18/02



Managed Services

Managed Better.

TRANSACTION REPORT Print Date: 12/04/2007

Inmate Name: COLON, ALBERTO

Balance:

\$7.09

Inmate Number: 20060078632 Inmate DOB:

9/23/1983

		٨	imount	Balance
Stamp	Transaction	<i>F</i> 3	-31.07	7.09
11/28/2007	ORDER DEBIT		- 30.00	38.16
11/20/2007	CREDIT		-6.55	8.16
11/19/2007	ORDER DEBIT		-25.55	14.71
11/14/2007	ORDER DEBIT		40.01	40.26
11/14/2007	CREDIT		-2.50	0.25
11/08/2007	ORDER DEBIT		-2.50 -24.56	2.75
11/01/2007	ORDER DEBIT		-24.50 -26.59	27.31
10/25/2007	ORDER DEBIT		-20.39 50.00	53.90
10/23/2007	CREDIT		-23.08	3.90
10/18/2007	ORDER DEBIT			26.98
10/12/2007	ORDER DEBIT		-53.06	80.04
10/09/2007	CREDIT		- 30.00 57.11	50.04
10/04/2007	ORDER DEBIT		-57.11	107.15
09/27/2007	CREDIT		- 50.00	57.15
09/27/2007	ORDER DEBIT		-42.28	99.43
09/21/2007	CREDIT		- 51.00	48.43
09/21/2007	ORDER DEBIT		-37.44	85.87
09/21/2007	CREDIT		30.00	55.87
09/21/2007	CREDIT		- 20.00	35.87 35.87
09/19/2007	CREDIT		35.00	0.87
09/06/2007	ORDER DEBIT		-29.19	30.06
08/31/2007	CREDIT		- 30.00	0.06
08/31/2007	ORDER DEBIT		-0.15	0.00
08/24/2007	ORDER DEBIT		-16.82	17.03
08/16/2007	ORDER DEBIT		-14.79	31.82
08/14/2007	CREDIT		30.00	1.82
08/01/2007	ORDER DEBIT		-33.77	35.59
07/30/2007	CREDIT		_ 35.00	0.59
07/26/2007	ORDER DEBIT		-1.56	2.15
07/21/2007	ORDER DEBIT		-17.85	20.00
07/17/2007	CREDIT		20.00	
07/12/2007	ORDER DEBIT		-2.82	
07/05/2007	ORDER DEBIT		-19.69	
06/28/2007	ORDER DEBIT		-29.15	
06/25/2007	CREDIT		50.00	
06/15/2007	ORDER DEBIT		-47.55	
06/12/2007	CREDIT	•	_ 30.00	49.21
00, 12, 200,				

06/08/2007	ORDER DEBIT	-26.25	19.21
06/04/2007	CREDIT	25.00	45.46
06/01/2007	ORDER DEBIT	-28.23	20.46
05/25/2007	CREDIT	30.00	48.69
05/25/2007	ORDER DEBIT	-31.36	18.69
05/21/2007	CREDIT	50.01	50.05
05/11/2007	ORDER DEBIT	-3.16	0.04
05/04/2007	ORDER DEBIT	<i>-</i> 7.03	3.20
04/27/2007	ORDER DEBIT	-9.97	10.23
04/24/2007	CREDIT	20.00	20.20
04/05/2007	ORDER DEBIT	-0.45	0.20
03/23/2007	ORDER DEBIT	-23.11	0.65
03/22/2007	CREDIT	20.00	23.76
03/16/2007	ORDER DEBIT	-8.58	3.76
03/09/2007	ORDER DEBIT	-26.17	12.34
03/06/2007	CREDIT	30.00	38.51
03/05/2007	RETURN CREDIT	3.90	8.51
03/02/2007	ORDER DEBIT	-25.48	4.61
02/27/2007	CREDIT	30.00	30.09
02/23/2007	ORDER DEBIT	-0.60	0.09
02/16/2007	ORDER DEBIT	-39.43	0.69
02/13/2007	CREDIT	40.00	40.12
02/09/2007	ORDER DEBIT	-2.97	0.12
02/02/2007	ORDER DEBIT	-24.55	3.09
01/29/2007	CREDIT	25.00	27.64
01/26/2007	ORDER DEBIT	-47.38	2.64
01/23/2007	CREDIT	50.00	50.02
01/23/2007	ORDER DEBIT	-2.26	0.02
01/13/2007	ORDER DEBIT	-11.72	2.28
01/12/2007	ORDER DEBIT	-16.47	14.00
12/29/2006	ORDER DEBIT	-19.98	30.47
12/27/2006	CREDIT	50.00	50.45
12/27/2006	ORDER DEBIT	-10.74	0.45
12/22/2006	RETURN CREDIT	1.56	11.19
12/15/2006	ORDER DEBIT	-10.19	9.63
12/08/2006	ORDER DEBIT	-18.55	19.82
12/03/2006	ORDER DEBIT	-7.26	38.37
11/29/2006	CREDIT	30.01	45.63
11/22/2006	ORDER DEBIT	-39.98	15.62
11/14/2006	CREDIT	50.01	55.60
11/02/2006	ORDER DEBIT	-45.04	5.59
10/31/2006	CREDIT	50.01	50.63
10/31/2006	ORDER DEBIT	-65.09	0.62
	CREDIT	30.00	65.71
10/25/2006	CREDIT	30.00	35.71
10/18/2006 10/17/2006	RETURN CREDIT	0.95	5.71
	ORDER DEBIT	-35.24	4.76
10/12/2006 10/11/2006	CREDIT	40.00	40.00
10/11/2000	CKEDII	, 0.0 2	

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7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

R) Qm(one Griffin		FINANCI	AL AFFIDAVI	1
	Plaint	iff et, al				
	γ.					
S	he rit	if Tom Dart		CASE NUMBE	R()7-C-680	<u> </u>
	Defe	et.al.		JUDGE HOLD	ERMAN/ASHM	9N
	· ·			analica Wharau	or the anguar to any as	estion requires
more	informatio	ncluded, please place an X into on than the space that is provi- additional information. Plea	ded, attach one o se PRINT:	r more pages the	it refer to each such q	uestion number
I, <u> </u>		E GREFFEN) in the above-er	, declare	e that I am the saffidavit const	∐plaintiff ∐petitio itutes my application	ner Umovant 12 to proceed
withodecla	out full pr ire that I a omplaint/	epayment of fees, or in some manuable to pay the costs of petition/motion/appeal. In stions under penalty of perions	upport of my mo of these proceed support of this	tion for appoin ings, and that I	tment of counsel, or am entitled to the re	☑ both. I also elief sought in
1.	ID#	ou currently incarcerated? 20060083113 u receive any payment from	Name of prison	or jail: COOK	(If "No," go to Que COUNTY JAT! Monthly amount:	
2.	Month	ou currently employed? dy salary or wages:	□Yes	[31/0		
	Name	and address of employer:				
	a .	If the answer is "No": Date of last employment: Monthly salary or wages:				
		Name and address of last				
	b.	Are you married? Spouse's monthly salary of Name and address of emple				
		Tranic and address of embi	"		, .	· · · · · · · · · · · · · · · · · · ·
3.	or any	from your income stated about one else living at the same of Mark an X in either "Yes	e address recei	ved more than	\$200 from any of	the following
	A.	Salary or wages			□Yes	ANO
	Amoui	nt .	Received by			

	b.	□Yes	DNo
	c. ☐ Rent payments, ☐ interest or ☐ dividends AmountReceived by	□Yes	13 176
	d. □ Pensions, □ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or management.		
	AmountReceived by		
	e. Gifts or inheritances Amount Received by	□Yes	₽N ₀
	f.) DYes	ÐN₀
4.	Do you or anyone else living at the same address have more than savings accounts? Yes Relationship to you:	\$200 in cash or amount:	checking or
5.	Do you or anyone else living at the same address own any stocks financial instruments? Property: In whose name held: Relationship to you:	□Yes	⊡No
6.	Do you or anyone else living at the same address own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	☐Yes	CANO.
7.	Do you or anyone else living at the same address own any automo- homes or other items of personal property with a current market value	biles, boats, tra e of more than □Yes	ilers, mobile \$1000? []No
•	Property: Current value: In whose name held: Relationship to you	-	
8.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, of ANGEL R. GREFPEN	ntionship to eac heck here □No	dependents

Case 1:07-cv-06800

Document 9

Filed 12/18/2007

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-30-07

RAMONE GRIFFIN (Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account-prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, Ramone GRIFFIN, ID# 2006 008 8/13, has the sum of\$, 26 on account to his/her credit at (name of institution) Cook of Dept of Coredion I further certify that the applicant has the following securities to his/her credit:______. I further certify that during the past six months the applicant's average monthly deposit was \$ 22.00 (Add all deposits from all sources and then divide by number of months).

Soc Worker Dean
(Print name)

rev. 7/18/02



Managed Services

Managed Better.

Number Search

Name Search

Transactions

Orders

20060088113 - GRIFFIN, RAMONE T. BALANCE: \$0.26							
Stamp	Transaction	Amount	Balance				
09/27/2007	ORDER DEBIT	-30.18	0.26				
09/26/2007	CREDIT	30.00	30.44				
03/23/2007	ORDER DEBIT	-0.75	0.44				
03/16/2007	ORDER DEBIT	-1.00	1.19				
03/09/2007	ORDER DEBIT	-0.97	2.19				
01/12/2007	ORDER DEBIT	-3.11	3.16				
01/11/2007	ORDER DEBIT	-1.78	6.27				
12/29/2006	ORDER DEBIT	-1.53	8.05				
12/22/2006	ORDER DEBIT	-12.63	9.58				
12/15/2006	ORDER DEBIT	-19.68	22.21				

Click A Transaction To View The Detail or Print Full Report

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Referred To:

COOK COUNTY DEPARTMENT OF CORRECTIONS **DETAINEE GRIEVANCE**

Detainee Last Name: Griffin First Name: Ramone
ID#: 2006 - 0088113 Div.: 1 Living Unit: <u>F4</u> Date: <u>08123107</u>
BRIEF SUMMARY OF THE COMPLAINT: Trines House dir living
one borreces placed on be Trictive lock love
Lor imply being in a maximum curity division
We were het siren al min ne in Why nor given
Throgad with an discharge war in To indice
_ 12h = Line Tion in Corporate (Such Punishment
and (Catice Firm with sur the 110 1853. This win the
Kirition of The the process chase emboted in
The FITTH and four Teenth Amendment of The
Constitution, which prohibits Indecal and stat
govern ment lestectfully com lept y ng aryperson
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
ACTION THAT YOU ARE REQUESTING:
- Andria and agree on Promotion
DETAINEE SIGNATURE:
C.R.W.'S SIGNATURE: DATE C.R.W. RECEIVED: 1/4/
Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.

All appeals must be made in writing and directly submitted to the Superintendent.

Case 1:07-cv-06800 Document 9 Filed 12/18/2007 Page 50 of 92) COPY
STATE OF ILLINOIS)
COUNTY OF COOK)
SS

AFFIDAVIT

RAMONE GRIFFIN DO SWEAR THAT THE FOLLOWING IS TRUE TO THE BEST OF MY KNOWLEDGE. AND IF CALLED TO TESTIFY I WOULD DO SO SWEARING TO THE FACTS HEREIN: ON OR ABOUT 2007 I WITNESSED THE DEFENDANTS IMPLEMENT A POLICY THAT VIOLATES MY CONSTITUTIONAL RIGHTS. i.e. DEFENDANTS ONLY ALLOWME OUTS I DE MYCELL FOR UP TO ONE (1) HOUR A DAY, AND I'M ONLY A "PRE-TRIAL HELD TO ALESS STRINGENT STANDARD HANTHAT OF A CONVICTED FELON, WHILE OUT MYCELL FOR THE (WITH 30 PLUS) OTHER DETAINEE'S I MUST SHOWER, AND USE THE PHONE ANDITTAKES SMINS, TOGET CONNECTED ND THE CALLLAST 20 MINS, THAT'S 25 MINS. THAT'S ONLY ENOUGH ME FORTWO DEODLE TOUSE THE PHONE. AS A RESULT, I SUFFER FROM SEVERE HEADACHES, SEVERE DEPRESSION AND LOST OF DEFENCE OF MY CASE DUETO NOT ENDUGHTIMEOUT. THIS STATEMENT IS MYOWN ANDITISTRUE I, KAMONE GRIFFIN being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

> Ramone Briffin AFFIANT

Subscribed and affirmed to before me

this 4th day of

day of December, 200

armella K Richardson

OFFICIAL SEAL
CARMELLA K RICHARDSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/21/10

7/18/02

3.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND

					AND	
1	2 E N. N.	- 6 2004cozx	17	FINANCI	AL AFFIDA	VIT
	<u>ykki 22</u> ilq	EGUISE ZOOYCGZ&				
	~					
	V	' ,				
ن	heri	ff. Dart		CASE NUMBER	07-2-69	00
	D	efendant(s) Č+ AL		JUDGE Hold	ermon /Asi	
				,	<u> </u>	[#1] <u>G 1</u>]
Whe	rever 🗍	is included nlease place on Y	into which are L			
	- y =	is included, please place an X ution than the space that is pro the additional information. Pl	лицец, анасл оп	ox applies. Wherever e or more naves that	the answer to any	question requires
4		The management tray of the state of the stat	ease FMINT:		,	
i, (otbe	I A E D	DIE GUISE	, decla	are that I am the N	plaintiff petit	ioner 🗆 movant
/		/ III the apere	enimencace i	hic attraction to an about		r~~
decla	re that	prepayment of fees, or image in its image in its image in the costs indicated in the costs in the costs in the costs in the costs in th	support of my r	notion for appointm	ent of counsel, o	r 🗹 both. I also
	ompiau,	e pendoir modoli/abneat 1	IN SUMMART AT TH	is petition/applicati	n entitled to the	relief sought in
follor	wing qu	estions under penalty of pe	rjury:	Fantion applicati	от поногаррег	ii, I answer the
1.	A +-/					
1.	ID 4	you currently incarcerated?	MYes	□No (I	f "No," go to Qu	estion 2)
		ou receive any payment from	Name of price	Ottorio a 17 5		
	- 7	a reserve any pulment noi	n die mstitutior	11 LIYes (MYNO 1	Monthly amount	·
2.	Are y	ou currently employed?	□Yes	[⊋ No		
	Mont	hly salary or wages:		41,0		
	Name	and address of employer:				
	a.	If the answer is "No":				
		Date of last employment:	N/A			
		Monthly salary or wages	:			
		Name and address of last	employer:			
	b.	Are you married?	□Yes	ŪNo		
		Spouse's monthly salary	or wages:			
		Name and address of empl	oyer:		.	
			······································		,	
}.	Apart f	rom your income stated abo	ve in response	to Ouestion 2, in the	nast twelve mor	othe have you
		one else name at the same	andress recei	Ved more than \$30	O from a con	1 (11 .
À	sources	s? Mark an X in either "Yes	" or "No", and	then check all boxe	es that apply in ea	ich category.
7	a.					/ / /
	a. Amoun	Salary or wages	D		□Yes	☑No
	4 MITOUIL	t	_Received by_			

	b.	□Yes	ΔNο			
	c.	□Yes	MNo			
•	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insura compensation, ☐ unemployment, ☐ welfare, ☐ alimony or	maintenance or ☐ ☐Yes	v, □ worker child suppo □No			
	Amount Received by					
	e.	□Yes	MN₀			
	f.	_) □Yes	ØN₀			
	Amount Received by					
4.	Do you or anyone else living at the same address have more that savings accounts? \[\sum \text{Yes} \text{No} \text{Tot} \]	al amount:	_			
	In whose name held: Relationship to you	u:				
5.	Do you or anyone else living at the same address own any stoc financial instruments?	ks, bonds, securi \(\sum \) Yes	ties or othe			
	Property: Current Value:					
	In whose name held: Relationship to you	r:				
6.	Do you or anyone else living at the same address own any real estate (houses, apartment					
	condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property:	□Yes	ДМо			
	Type of property: Current value:		-			
	In whose name held: Relationship to you:					
	Amount of monthly mortgage or loan payments:Name of person making payments:					
7.	Do you or anyone else living at the same address own any autom homes or other items of personal property with a current market va-	obiles, boats, trai	lers, mobile \$1000?			
	Deconomist	□Yes	\square No			
	Property:					
`	Current value:					
8.	List the persons who are dependent on you for support, state your reindicate how much you contribute monthly to their support. If none,	lationship to each check here INNo	person and dependents			

AFFIDAVIT

I FRENDLE GUISE De Swear That the following is true to the
best of my knowledge Hard it called to festify I would do so
Swearing to the fact Here In on or about 3-07 I Witness
the defendant Implement a policy that victories my constitutiona
Fight is Defendant only allow me outside my cell for up to one
or maybe two Hours a day and I'm only a pie trial detaines
and must be held to a cosser strungent standard than that
of a convicted telon. Plus sut I'm out with more than Zo other
detaines on my hours I might not get a chance to shower or
Use the phone and it take 3 mins To get connected and the
call Last up to 20 mins That's 23 min Some people mike more
than one Call That only enough time top two too Fork people
On a hour or how. And the shower one nusty there fugue in the area
to. As result I suffer from Sovere depression, Headaches and lost of
defence due to not enough time out this is a true Statement
t. FREDDIE GUISE being first duly sworn under oath depose and state
that the foregoing is true and correct and made upon my personal knowledge and
: am competent to testify thereto.
Notarized under and by 735 Ices Treddie Truste 8-109, under Pursury AFFIANT
3-109, Under Purdury AFFIANT AFFIANT
FREDDIE GLUSE

ubscribed and affirmed to before me

his // day fof /2 ,200 7

allegation of poverty is untrue.	4
Date: 11-13-07	In calculate of
	Signature of Applicant
· · · · · · · · · · · · · · · · · · ·	Print Name)
	(Print Name)
in the prisoner's prison or jail trust fund covering a full six months before you ha n your own account—prepared by each	isoner must also attach a statement certified by the appropriate g all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions institution where you have been in custody during that six-month afficate below completed by an outborise define.
in the prisoner's prison or jail trust fund covering a full six months before you have n your own account—prepared by each	accounts. Because the law requires information as to such accounts
in the prisoner's prison or jail trust fund covering a full six months before you have n your own account—prepared by each	g all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts ave filed your lawsuit, you must attach a sheet covering transactions institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution.
n the prisoner's prison or jail trust fund covering a full six months before you had not your own account—prepared by each seriod—and you must also have the Cert. (Inc.)	g all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions a institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only)
in the prisoner's prison or jail trust fund covering a full six months before you ha n your own account—prepared by each period—and you must also have the Cert	g all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only) ted by the institution of incarceration)
n the prisoner's prison or jail trust fund covering a full six months before you had not your own account—prepared by each seriod—and you must also have the Cert (Inc.) (Inc.) (To be completed that the applicant named herein certify that the applicant named herein	all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions a institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only) ted by the institution of incarceration)
n the prisoner's prison or jail trust fund covering a full six months before you han your own account—prepared by each seriod—and you must also have the Cert (To be completed that the applicant named herein \$ 29.56 on account to his/her	gall receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions a institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only) ted by the institution of incarceration) Freldie Guise, ID# 2004 0023017 has the sum credit at (name of institution) 1 ook Aty Dept of Covered.
n the prisoner's prison or jail trust fund covering a full six months before you have nown account—prepared by each seriod—and you must also have the Cert (To be completed that the applicant named herein on account to his/her arther certify that the applicant has the	all receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts ave filed your lawsuit, you must attach a sheet covering transactions a institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only) ted by the institution of incarceration) Freduce Guise, ID# 204 0023017 has the sum credit at (name of institution) fork of the performance of the following securities to his/her credit:
n the prisoner's prison or jail trust fund to vering a full six months before you have nown account—prepared by each teriod—and you must also have the Cert (To be completed that the applicant named herein on account to his/her arther certify that the applicant has the	gall receipts, expenditures and balances during the last six months accounts. Because the law requires information as to such accounts are filed your lawsuit, you must attach a sheet covering transactions a institution where you have been in custody during that six-month ificate below completed by an authorized officer at each institution. CERTIFICATE carcerated applicants only) ted by the institution of incarceration) FRELLIE Course, ID# 2004 0023017 has the sum credit at (name of institution) Apok Aty Dept of Course to following expensions of the sum following exp

Gre weater De pro (Print name)

\$29.56



Managed Services Managed Better.

Balance:

TRANSACTION REPORT Print Date: 12/04/2007

Inmate Name: GUISE, FREDDIE

Inmate Number: 20040023017 11/29/1984 Inmate DOB:

Stamp	Transaction	Amount	Balance
11/28/2007	ORDER DEBIT	-56.58	29.56
11/27/2007	CREDIT	30.00	86.14
11/19/2007	CREDIT	11.00	56.14
11/19/2007	CREDIT	45.00	45.14
10/12/2007	ORDER DEBIT	-1.56	0.14
09/24/2007	RETURN CREDIT	1.56	1.70
09/21/2007	ORDER DEBIT	-2.16	0.14
09/06/2007	ORDER DEBIT	-38.05	2.30
08/28/2007	CREDIT	40.00	40.35
06/27/2007	ORDER DEBIT	-8.83	0.35
06/20/2007	ORDER DEBIT	-40.88	9.18
06/20/2007	CREDIT	50.00	50.06
06/06/2007	ORDER DEBIT	-1.23	0.06
05/23/2007	ORDER DEBIT	-40.29	1.29
05/23/2007	CREDIT	40.00	41.58
05/09/2007	ORDER DEBIT	-50.40	1.58
05/09/2007	CREDIT	50.00	51.98
05/02/2007	ORDER DEBIT	-28.20	1.98
04/26/2007	CREDIT	30.00	30.18
04/25/2007	ORDER DEBIT	-4.60	0.18
04/14/2007	RETURN CREDIT	2.25	4.78
04/12/2007	ORDER DEBIT	-47.80	2.53
04/11/2007	CREDIT	50.00	50.33
03/28/2007	ORDER DEBIT	-3.12	0.33
03/21/2007	ORDER DEBIT	-48.10	3.45
03/20/2007	CREDIT	50.00	51.55
03/14/2007	ORDER DEBIT	-5.60	1.55
03/07/2007	ORDER DEBIT	-43.05	7.15
03/07/2007	CREDIT	50.00	50.20
02/28/2007	ORDER DEBIT	-48.40	0.20
02/21/2007	ORDER DEBIT	-9.96	48.60
02/21/2007	CREDIT	50.00	58.56
02/20/2007	RETURN CREDIT	3.90	8.56
02/14/2007	ORDER DEBIT	-79.78	4.66
02/14/2007	CREDIT	80.00	84.44
02/07/2007	ORDER DEBIT	-45.70	4.44
02/07/2007	CREDIT	50.00	50.14

01/31/2007	ORDER DEBIT	-4.90	0.14
01/24/2007	ORDER DEBIT	-27.50	5.04
01/24/2007	CREDIT	30.00	32.54
01/15/2007	RETURN CREDIT	2.40	2.54
01/10/2007	ORDER DEBIT	-50.30	0.14
01/08/2007	CREDIT	50.00	50.44
12/20/2006	ORDER DEBIT	-9.80	0.44
12/20/2006	CREDIT	10.00	10.24
12/13/2006	ORDER DEBIT	-40.35	0.24
12/06/2006	ORDER DEBIT	-17.53	40.59
12/04/2006	CREDIT	30.00	58.12
11/29/2006	ORDER DEBIT	-17.31	28.12
11/22/2006	CREDIT	30.00	45.43
11/21/2006	CREDIT	10.00	15.43
11/20/2006	RETURN CREDIT	4.63	5.43
11/15/2006	ORDER DEBIT	-13.98	0.80
11/08/2006	ORDER DEBIT	-7.35	14.78
11/01/2006	ORDER DEBIT	-7.95	22.13
11/01/2006	CREDIT	30.00	30.08
10/25/2006	ORDER DEBIT	-30,59	0.08
10/20/2006	RETURN CREDIT	0.60	30.67
10/20/2006	CREDIT	30.00	30.07
10/18/2006	ORDER DEBIT	-0.60	0.07
10/05/2006	ORDER DEBIT	-29.50	0.67
10/05/2006	RETURN CREDIT	28.40	30.17
10/04/2006	ORDER DEBIT	-28.40	1.77
10/04/2006	CREDIT	30.00	30.17
09/20/2006	ORDER DEBIT	-30.12	0.17
09/19/2006	CREDIT	30.00	30.29
09/13/2006	ORDER DEBIT	-6.45	0.29
09/06/2006	ORDER DEBIT	-23.40	6.74
09/05/2006	CREDIT	30.00	30.14
08/30/2006	ORDER DEBIT	-50.91	0.14
08/25/2006	CREDIT	50.00	51.05
08/23/2006	ORDER DEBIT	-38.95	1.05
08/23/2006	CREDIT	40.00	40.00
08/09/2006	ORDER DEBIT	-30.34	0.00
08/08/2006	CREDIT	30.00	30.34
08/02/2006	ORDER DEBIT	-4.40	0.34
07/26/2006	ORDER DEBIT	-45.39	4.74
07/25/2006	CREDIT	50.00	50.13
07/19/2006	ORDER DEBIT	-39.89	0.13
07/18/2006	CREDIT	40.00	40.02
06/28/2006	ORDER DEBIT	-1.93	0.02
06/21/2006	ORDER DEBIT	-15.75	1.95
06/15/2006	CREDIT	15.00	17.70
06/14/2006	ORDER DEBIT	-37.94	2.70
06/13/2006	CREDIT	-37.94 40.00	40.64
06/08/2006	ORDER DEBIT	-39.78	40.64 0.64
06/07/2006	CREDIT	-39.76 40.00	40.42
05/24/2006	ORDER DEBIT	-4.70	0.42
03/2 1/2000	ONDER DEBIT	~7.70	U.4Z

05/22/2006	RETURN CREDIT	3.90	5.12
05/17/2006	ORDER DEBIT	-48.82	1.22
05/16/2006	CREDIT	50.00	50.04
05/04/2006	ORDER DEBIT	-10.05	0.04
04/27/2006	ORDER DEBIT	-3.29	10.09
04/24/2006	CREDIT	10.00	13.38
04/19/2006	ORDER DEBIT	-46.65	3.38
04/19/2006	CREDIT	50.00	50.03
04/12/2006	ORDER DEBIT	-30.03	0.03
04/12/2006	CREDIT	30.00	30.06
03/23/2006	CVOID-CREDIT	-40.00	0.06
03/23/2006	CREDIT	40.00	40.06
03/22/2006	ORDER DEBIT	-40.50	0.06
03/22/2006	CREDIT	40.00	40.56
03/08/2006	ORDER DEBIT	-40.53	0.56
03/08/2006	CREDIT	40.00	41.09
03/07/2006	RETURN CREDIT	0.65	1.09
03/01/2006	ORDER DEBIT	-0.65	0.44
02/23/2006	ORDER DEBIT	-58.05	1.09
02/15/2006	ORDER DEBIT	-81.26	59.14
02/15/2006	CREDIT	40.00	140.40
02/14/2006	CREDIT	100.00	100.40
02/08/2006	ORDER DEBIT	-49.97	0.40
02/08/2006	CREDIT	50.00	50.37
01/25/2006	ORDER DEBIT	-8.29	0.37
01/18/2006	ORDER DEBIT	-51.22	8.66
01/17/2006	CREDIT	40.00	59.88
01/04/2006	ORDER DEBIT	-23.65	19.88
01/03/2006	CREDIT	40.00	43.53
12/20/2005	ORDER DEBIT	-46.60	3.53
12/19/2005	CREDIT	40.00	50.13
12/16/2005	CREDIT	10.00	10.13
12/14/2005	ORDER DEBIT	-40.34	0.13
12/14/2005	CREDIT	40.00	40.47
12/08/2005	ORDER DEBIT	-2.60	0.47
11/30/2005	ORDER DEBIT	-46.98	3.07
11/25/2005	CREDIT	10.00	50.05
11/23/2005	CREDIT	40.00	40.05
11/22/2005	ORDER DEBIT	-36.73	0.05
11/17/2005	ORDER DEBIT	-3.40	36.78
11/16/2005	CREDIT	40.00	40.18
11/02/2005	ORDER DEBIT	-2.68	0.18
10/26/2005	ORDER DEBIT	-29.06	2.86
10/26/2005	CREDIT	30.00	31.92
10/19/2005	ORDER DEBIT	-0.80	1.92
10/12/2005	ORDER DEBIT	-47.32	2.72
10/11/2005	CREDIT	50.00	50.04
10/05/2005	ORDER DEBIT	-11.45	0.04
10/05/2005	CREDIT	11.00	11.49
09/28/2005	ORDER DEBIT	-41.68	0.49
09/23/2005	RETURN CREDIT	41.13	42.17

ARAM TO Case 1:07-09-06800 Document 9 Filed 12/18/2007 Page 58 of 92	ARAMARK Image Information	Document 9	Filed 12/18/2007	Page 4 of 4 Page 58 of 92
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09/21/2005	ORDER DEBIT	-48.98	1.04
09/14/2005	CREDIT	50.00	50.02
08/31/2005	ORDER DEBIT	-3.00	0.02
08/17/2005	ORDER DEBIT	-47.14	3.02
08/16/2005	CREDIT	50.00	50.16
07/13/2005	ORDER DEBIT	-40.36	0.16
07/13/2005	CREDIT	40.00	40.52
06/22/2005	ORDER DEBIT	-39.81	0.52
06/15/2005	CREDIT	40.00	40.33
06/01/2005	ORDER DEBIT	-0.03	0.33
05/18/2005	ORDER DEBIT	-3.10	0.36
05/11/2005	ORDER DEBIT	-37.26	3.46
05/11/2005	CREDIT	40.00	40.72
04/27/2005	ORDER DEBIT	-49.92	0.72
04/26/2005	CREDIT	50.00	50.64
04/20/2005	ORDER DEBIT	-34.38	0.64
04/20/2005	CREDIT	5.00	35.02
04/19/2005	CREDIT	30.00	30.02
04/13/2005	ORDER DEBIT	-0.90	0.02
03/30/2005	ORDER DEBIT	-39.90	0.92
03/29/2005	CREDIT	40.00	40.82
03/23/2005	ORDER DEBIT	-20.70	0.82
03/18/2005	CREDIT	20.00	21.52
03/16/2005	ORDER DEBIT	-40.61	1.52
03/14/2005	CREDIT	40.00	42.13
03/09/2005	ORDER DEBIT	-38.64	2.13
03/02/2005	ORDER DEBIT	-4.76	40.77
03/02/2005	CREDIT	40.00	45.53
02/23/2005	ORDER DEBIT	-45.38	5.53
02/22/2005	CREDIT	50.00	50.91
02/09/2005	ORDER DEBIT	-49.36	0.91
02/08/2005	CREDIT	50.00	50.27
12/27/2004	ORDER DEBIT	-27.26	0.27
12/27/2004	CREDIT	25.00	27.53
12/19/2004	ORDER DEBIT	-5.20	2.53
12/15/2004	ORDER DEBIT	-32.94	7.73
12/15/2004	CREDIT	40.00	40.67
12/08/2004	ORDER DEBIT	-4.45	0.67
11/29/2004	CREDIT	5.00	5.12
10/22/2004	ORDER DEBIT	-1.26	0.12
10/13/2004	ORDER DEBIT	-14.28	1.38
10/06/2004	ORDER DEBIT	-3.20	15.66
10/06/2004	CREDIT	15.00	18.86
09/29/2004	ORDER DEBIT	-16.18	3.86
09/20/2004	CREDIT	20.00	20.04
08/15/2004	IMPORT CREDIT	0.04	0.04

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7/14/02

3.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

	Plaintiff Et-AL		FINANCL	AL AFFIDAVIT
	v.			
ι£	F Tom Dart		CASE NUMBER	07-6-6800
	Defendant(s) F+AL		UDGE HOLDE	RMAN/ASHMAN
ever l	: Tis included, please place an X in mation than the space that is prove	to whichever har a	online Whavener	AL.
ravid	e the additional information. Di	Dane	more pages that i	efer to each such question i
r v∪ r) in the above-er	declare	that I am the D	plaintiff □petitioner □n tes my application ☐ to pr
ut fu				
	int/petition/motion/appeal. In questions <u>under penalty of perju</u>	SUDIENT OF THE TY	ctition/application	on/motion/appeal, I answ
0	ander permity of perfe	<u>п ү</u> .		
Are	you currently incarcerated?	∐Yes	□No (L	f "No," go to Question 2)
I.D	. # <u>Z0070076433</u>	Name of prison o	ciail: Cank	7.4
Do	you receive any payment from	the institution?]Yes □No N	Ionthly amount:
Are	you currently employed?	□Yes	E/No	
11.	nthly salary or wages:		E1140	
1710)				
Nan	ne and address of employer:			
Nan	ne and address of employer: If the answer is "No":			
Nan	If the answer is "No": Date of last employment:			
Nan	If the answer is "No": Date of last employment: Monthly salary or wages:			
Nan	If the answer is "No": Date of last employment:	mployer:		
Nan a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last end. Are you married?	ΠYes	(t) ((t)	
Nan a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or	□Yes	<u>□</u> √0	
Nan	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or	□Yes		
Nan a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or Name and address of employ	□Yes wages: ver:		
Nama.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or Name and address of employ	☐Yes wages: /er:	naction 2 in the	
Apart	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or Name and address of employ the from your income stated above yone else living at the same a	☐Yes wages: ver: e in response to Q	uestion 2, in the	past twelve months have y
Apartor and source	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or Name and address of employ throm your income stated above yone else living at the same a es? Mark an X in either "Yes" of	☐Yes wages: ver: e in response to Q	uestion 2, in the	past twelve months have y
Nan a. a. b.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last en Are you married? Spouse's monthly salary or Name and address of employ throm your income stated above yone else living at the same a es? Mark an X in either "Yes" of Salary or wages	☐Yes wages: ver: e in response to Q	uestion 2, in the	past twelve months have y

b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	<u> 1</u> 2110
c.	□Yes	Elívo
	intenance or 🗋	
Amount Received by		
e.	□Yes	©₩0
f.	□Yes	ĹΈΝο
Do you or anyone else living at the same address have more than savings accounts?	6200 in cash or amount:	checking or
financial instruments? Property: Current Value:	[]Yes	ÓN _o
condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments:	☐Yes	ΕΝίο
Do you or anyone else living at the same address own any automob	iles, boats, trai	lers mobile
homes or other items of personal property with a current market value	of more than S □Yes	7000? ∑∭
	of more than S ☐Yes	\$1000? © №6
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount	c.

COUNTY OF COOK
) ss
))
Ď
<u>AFFIDAVIT</u>
I DO SWEAR THAT THE INFORMATION HEREIN IS TRUE TO
THE BEST OF MY KNOWLEDGE, AND IF CALLED TO TESTIFY I WOULD
JESTIFY THE SAME.
DI HAVE ONLY BEEN allowed out of my cell for about an hour a day.
This has really Took Its toll on me because it feels to me like
I am allready guilty when instill I have not even been to trial
yet.
I am only a fre-trial Detainee and should be held to a less
Stringent Standard than of a convicted felon when I am
finally allowed out of my cell for the hour with 38 other
Detainees I have to shower, then almost fight to use the
phone to talk with family or lawer And this has taken a
toll on my physical physical I suffer from sever Headaches and
Severe Depression trying to keep at one thing other than
being able to focuse on my case alones.
t, John Hummons being first duly affirmed despose and state that the
foregoing is true and correct and made upon my personal knowledge and I am
competent to testify thereto.
Tobal AFFIANT
Subscribed and affirmed to before me Otarized under and by 735
·
this 12-11-07 day of, 2007 ILCS 5-109, under purjury
Jotary Public

STATE OF ILLIDIGES: **0**7-cv-06800 Document 9 Filed 12/18/2007 Page 61 of 92

Case 1:07-cv-06800

Document 9

Filed 12/18/2007

Page 62 of 92 John Hummons H-3 20070076433

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 11-27-67

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, Tohn T. Hammons I.D. #2007 0076433, has the sum of\$ 9.99 on account to his/her credit at (name of institution) Cook My Dept of Correction I further certify that the applicant has the following securities to his her credit:______. I further certify that during the past six months the applicant's average monthly deposit was \$_40.00 (Add all deposits from all sources and then divide by number of months).

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

rev. 7/18/02



Managed Services

Managed Better。

TRANSACTION REPORT Print Date: 12/05/2007

Inmate Name: HUMMONS, JOHN T.

Balance:

\$9.99

Inmate Number: 20070076433

Inmate DOB: 8/4/1968

Stamp 12/05/2007 12/05/2007 11/30/2007 11/14/2007 11/08/2007 11/06/2007 11/01/2007 10/25/2007 10/18/2007 10/16/2007	Transaction ORDER DEBIT CREDIT CREDIT ORDER DEBIT ORDER DEBIT CREDIT CREDIT CREDIT ORDER DEBIT ORDER DEBIT ORDER DEBIT	Amount -65.24 - 50.00 - 25.00 -19.06 -60.74 - 30.00 - 50.00 -52.23 -34.74 - 20.00	9.99 75.23 25.23 0.23 19.29 80.03 50.03 0.03 52.26
· - ·	ORDER DEBIT	-34.74	

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7/11/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND

*	7 . 1.	Maria.	FINANCI	AL AFFIDAVIT
	رج <u>ارم ارم</u> Pla	intiff Et-AL	•	
	v.			
Ċ	heri			
		Dart	CASE NUMBE	R07-C-6800
	De	efendant(s) Et-AL	JUDGE Hald	erman / Ashman
			· · · · · · · · · · · · · · · · · · ·	ET IVEN / ASNIVIN
Whe	rever Mi	s included, please place an X into w	high man han and line 11/1	
more	: туотта	tion than the space that is provided.	altach one or more pages that	rine answer to any question require Trefer to each such question numbe
ana j	muviae ii	ie adamonal informanon - Please P	RINT-	
othe		in the above-entitle	, declare that I am the produced are This affidewat constitution	Aplaintiff ∐petitioner ☐movan
wime	շու տոլ բ	prepayment of fees, or 🔀 in suppo	ort of my motion for appointr	nent of counsel or Whath Lales
decta	ire mai i	am unable to pay the costs of the	ese proceedings, and that I a	m entitled to the relief cought in
me c	ompiain	vpention/motion/appeal. In sup	port of this petition/applicat	ion/motion/appeal, I answer the
101101		estions under penalty of perjury:		
1.	Are y	rou currently incarcerated? Name ou receive any payment from the	Yes UNo (If "No." po to Overtion 2)
	I.D. #	<u> </u>	ne of prison or jail: <u>Cont</u>	S. Country Jan
	Do yo	ou receive any payment from the	institution? DYes No	Monthly amount:
2.	Are y	ou currently employed?	_□Yes M No	
	Monti	hly salary or wages:	J	
	Name	and address of employer:		
	a.	If the answer is "No":		<u> </u>
		Date of last employment:	10/14.	
	•	Monthly salary or wages:	NA	
		Name and address of last empl	oyer: A/A	1/61
				4
	Ъ.	Are you married?	□Yes No	
		Spouse's monthly salary or wa	ges:	—a
		Name and address of employer:		1/2
3.	Anartí	rom your income stated above in		_
٠.	or any	rom your income stated above in one else living at the same add	response to Question 2, in the	ne past twelve months have you
	Sources	? Mark an X in either "Yes" or	'No" and then check all ho	ces that apply in each actanomic
>	:		, with mon brock all (10)	www.uppry in each category.
	a.	Salary or wages		□Yes ⊠No
	Amoun	tRec	eived by	

b.	□Yes	ØNo
c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	DiNo
d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insuracompensation, ☐ unemployment, ☐ welfare, ☐ alimony or r	naintenance or 🗆	child suppor
Amount Received by	□Yes	, ØNo
e.	□Yes	ĽΝο
f.) []Yes	⊠No
Do you or anyone else living at the same address have more than savings accounts? Yes No Tota	\$200 in eash or	checking or
Do you or anyone else living at the same address own any stock	s, bonds, securi ElYes	ties or other
Do you or anyone else living at the same address own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Cyrrent value:	estate (houses,	apartments,
Culton value.		
In whose name held: Relationship to you: Amount of monthly mortgage or loan payments: Name of person making payments:		
Do you or anyone else living at the same address own any automorhomes or other items of personal property with a current market value	biles, boats, trail e of more than \$	lers, mobile
Property:	□Yes	⊠No
Current value: In whose name held: Relationship to you:	• •••	·· <u></u>
In whose name held: Relationship to you:		

8.

****	The state of the s			
STATE OF ILLEMOTS:07-cv-06800	Document 9	Filed 12/18/2007	Page 66 of 92	
COUNTY OF COOK				
ss				
)				
)				
,	AFFIDA	AVIT		
I , Antonio Missis, Do	Swear The	- the Following	true le th	20 best
of my Knowledge , And It (called to tes	itizy i would a	0 50 Swares-Ng	to the
Facts herein: ON or al	Dont 11.17.07	1- I witness,	ed the detendant	<u> </u>
implement applicy that v	Tolates my	constitutional	RigHts. (I.E.) (15)	ne
being a PRE-TRIME DETATIVE	E' I can no	+ be held to	that of a CONV	<u> </u>
78LON. They [the de Zendants] o	nly allow us,	in mutes, out 1	he the cell for	2 /2 14RS
a day, with as being about 30,	Acreson jut a	time Now in	# Hat time ev	ery one
cannot 3 use the phone	which take.	SPREX. 20 min.)	and sinuser th	Homet

This Is my own Statement and it is true to the best of my Knowlegge.

time Frame. Also the Shower are very Rusty and Should not be in use.

detence For my Criminal case, (due to back of time out), and also selere skin

From their I Suffer from Severe headaches, Severe depression and Lost of

I, Antonio MORRIS being first duly affirmed despose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

Subscribed and affirmed to before me

NOTARIZED UNDER

AND BY 735 ILCS

5-109, UNDER PURJURY

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 1/ 17 07

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, Antonio Marris, 1.1) # 20060036739, has the sum of \$ 24 on account to his/her credit at (name of institution) Cook aty Dept of Concertion.

I further certify that the applicant has the following securities to his/her credit:

Certify that during the past six months the applicant's average monthly deposit was \$ 36.00 (Add all deposits from all sources and then divide by number of months).

12/5/07 DATE

Soe Worke Doan SIGNATURE OF AUTHORIZED OFFICER

(Print name)



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 12/05/2007

Inmate Name: MORRIS, ANTONIO Balance: \$0.24

Inmate Number: 20060036729 Inmate DOB: 6/30/1986

Stamp	Transaction	Amount	Balance
12/05/2007	ORDER DEBIT	-1.72	0.24
11/28/2007	ORDER DEBIT	-5.27	1.96
11/19/2007	ORDER DEBIT	-7.58	7.23
11/16/2007	CREDIT	10.00	14.81
11/13/2007	ORDER DEBIT	-15.24	4.81
11/07/2007	CREDIT	- 20.00	20.05
11/07/2007	ORDER DEBIT	-0.43	0.05
11/02/2007	RETURN CREDIT	0.43	0.48
10/31/2007	ORDER DEBIT	-0.43	0.05
10/24/2007	ORDER DEBIT	-18.53	0.48
10/17/2007	ORDER DEBIT	-21.02	19.01
10/15/2007	CREDIT	40.00	40.03
10/03/2007	ORDER DEBIT	-0.06	0.03
09/19/2007	ORDER DEBIT	-20.19	0.09
09/14/2007	CREDIT	_ 20.00	20.28
09/12/2007	ORDER DEBIT	-19.72	0.28
09/06/2007	CREDIT	20.00	20.00
08/22/2007	ORDER DEBIT	-16.48	0.00
08/15/2007	ORDER DEBIT	-11.95	16.48
08/01/2007	ORDER DEBIT	-26.37	28.43
07/25/2007	ORDER DEBIT	-1.93	54.80
07/24/2007	CREDIT	_ 50.00	56.73
07/18/2007	ORDER DEBIT	-23.42	6.73
07/11/2007	ORDER DEBIT	-20.01	30.15
07/10/2007	CREDIT	- 50.00	50.16
06/15/2007	RETURN CREDIT	0.15	0.16
06/13/2007	ORDER DEBIT	-0.15	0.01
05/30/2007	ORDER DEBIT	-6.19	0.16
05/23/2007	ORDER DEBIT	-10.08	6.35
05/20/2007	RETURN CREDIT	16.37	16.43
05/16/2007	ORDER DEBIT	-10.69	0.06
05/09/2007	ORDER DEBIT	-7.83	10.75
05/04/2007	CREDIT	10.00	18.58
04/26/2007	ORDER DEBIT	-11.45	8.58
04/23/2007	CREDIT	20.00	20.03
04/21/2007	RETURN CREDIT	0.03	0.03
04/18/2007	ORDER DEBIT	-0.03	0.00

04/16/2007	RETURN CREDIT	0.03	0.03
04/12/2007	ORDER DEBIT	-0.03	0.00
04/05/2007	ORDER DEBIT	-2.87	0.03
03/28/2007	ORDER DEBIT	-13.34	2.90
03/24/2007	RETURN CREDIT	16.17	16.24
03/22/2007	ORDER DEBIT	-16.17	0.07
03/15/2007	ORDER DEBIT	-17.90	16.24
03/08/2007	CREDIT	30.00	34.14
03/08/2007	ORDER DEBIT	-8.22	4.14
02/28/2007	ORDER DEBIT	-12.71	12.36
02/27/2007	CREDIT	25.00	25.07
02/21/2007	ORDER DEBIT	-5.27	0.07
02/14/2007	ORDER DEBIT	-17.75	5.34
02/07/2007	ORDER DEBIT	-13.51	23.09
01/31/2007	ORDER DEBIT	-13.44	36.60
01/26/2007	CREDIT	25.00	50.04
01/24/2007	ORDER DEBIT	-7.73	25.04
01/24/2007	CREDIT	25.00	32.77
01/22/2007	ORDER DEBIT	-5.88	7.77
01/17/2007	ORDER DEBIT	-13.78	13.65
01/09/2007	CREDIT	10.00	27.43
12/27/2006	ORDER DEBIT	-8.18	17.43
12/21/2006	CREDIT	25.00	25.61
12/21/2006	ORDER DEBIT	-13.15	0.61
12/20/2006	ORDER DEBIT	-11.26	13.76
12/13/2006	CREDIT	25.00	25.02
12/06/2006	ORDER DEBIT	-0.27	0.02
11/21/2006	ORDER DEBIT	-10.12	0.29
11/21/2006	ORDER DEBIT	-14.75	10.41
11/15/2006	CREDIT	25.00	25.16
11/08/2006	ORDER DEBIT	-10.08	0.16
11/04/2006	RETURN CREDIT	6.18	10.24
11/04/2006	ORDER DEBIT	-6.18	4.06
11/01/2006	CREDIT	10.00	10.24
10/25/2006	ORDER DEBIT	-10.60	0.24
10/23/2006	ORDER DEBIT	-6.72	10.84
10/13/2006	ORDER DEBIT	-13.33	17.56
10/11/2006	CREDIT	30.00	30.89
10/10/2006	ORDER DEBIT	-11.77	0.89
10/05/2006	RETURN CREDIT	1.44	12.66
10/03/2006	ORDER DEBIT	-1.44	11.22
09/27/2006	ORDER DEBIT	-10.70	12.66
09/21/2006	ORDER DEBIT	-7.53	23.36
09/20/2006	ORDER DEBIT	-9.25	30.89
09/07/2006	CREDIT	40.00	40.14
	ORDER DEBIT	-9.87	0.14
09/06/2006	CREDIT	10.00	10.01
09/01/2006	ORDER DEBIT	-2.87	0.01
08/23/2006	ORDER DEBIT	-7.35	2.88
08/16/2006	ORDER DEBIT	-7.33 -19.82	10.23
08/09/2006	_	30.00	30.05
08/04/2006	CREDIT	30.00	50.05

RAMARK Inmate Case 1	Information :07-cv-06800	Document 9	Filed 12/18/2007	Page 70 d	of 92 Page 3 of 3
07/05/2006	ORDER DE	BIT		-3.02	0.05
06/28/2006	ORDER DE	BIT		-17.46	3.07
06/25/2006	RETURN C	REDIT		0.40	20.53
06/22/2006	CREDIT			20.00	20.13
06/21/2006	ORDER DE	BIT		-0.40	0.13
06/20/2006	RETURN C	REDIT		0.45	0.53
06/14/2006	ORDER DE	BIT		-0.45	0.08
06/07/2006	ORDER DE	BIT		-8.67	0.53
05/31/2006	ORDER DE	BIT		-11.43	9.20
05/31/2006	CREDIT			20.00	20.63
05/24/2006	ORDER DE	BIT		-11.37	0.63
05/17/2006	CREDIT			12.00	12.00

7/11/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND

	AND
Cornelius Osborne Plaintiff E+-AL	FINANCIAL AFFIDAVIT
ν,	
Ton	
Sheriff Dart	CASE NUMBER 07-2-6800
Defendant(s) E+-AL	JUDGE HOLDERMAN/ASHMAN
Wherever Dis included, please place an Xinto which a	1
more information than the space that is provided, attac	per box applies. Wherever the answer to any question requires hone or more pages that refer to each such question number
(Please PRHAT	1 8 - 1 mil reget to each such question number
other	loclare that I am the Oplaintiff Opetitioner Omovant e. This affidavit constitutes my application of proceed my motion for appointment of any
Williout Ittl Drengyment of foor	annication Mannication
the complaint/petition/motion/	ny motion for appointment of counsel, or both. I also occedings, and that I am entitled to the relief sought in f this petition/application/part
following questions <u>under penalty of perjury</u> :	occeedings, and that I am entitled to the relief sought in f this petition/application/motion/appeal, I answer the
· · · · · · · · · · · · · · · · · · ·	Ves UNo (If "No." go to Overting 2)
\sim 1.12, m_{\star} (00 10 (65) $<$ 1 2 N ₀ m_{\star} 1 \sim	Tho, go to Question 2)
Do you receive any payment from the institu	tion? DYes DNo Monthly amount:
2. Are you currently employed?	
Monthly safary or wages	es Who
Name and address of employer:	····
a If the answer is "No":	
Date of last employment	2-04/2
Monthly salary or wages.	, 200
Name and address of last employer:	
# damagas dans	
b. Are you married?	5 ANO
Spouse's monthly salary or wages: Name and address of employer:	
rame and address of employer:	
3. Apart from your income at 1.1.	,
or anyone else living at the	te to Question 2, in the past twelve months have you
sources? Markan X in either "Von" at "12"	e to Question 2, in the past twelve months have you eived more than \$200 from any of the following
Theuner Tes" or "No", at	eived more than \$200 from any of the following and then check all boxes that apply in each category.
a. Salary or wages	
Amount Received by	, □Yes 🗖 No
	· · ·

טנונגה		or □ other self-employment Received by	□Yes	I
c. Amo	☐ Rent payments, ☐ inter	est or □ dividends _ Received by	□Yes	Ç.
d.	☐ Pensions, ☐ social secu compensation, ☐ unemploy	nrity, □ annuities, □ life insuran ment, □ welfare, □ alimony or m	ce, \square disability naintenance or \square \square Yes	, □ wor child su
Amoi	int	_Received by		·
e. Amoi	☐ Gifts or ☐ inheritances	Received by	□Yes	de
f. Amou	☐Any other sources (state	source:Received by) DYes	1)(2)
savin	gs accounts?	ne same address have more than Yes No Total Rélationship to you:	amount;	
finan	cial instruments?	he same address own any stocks Current Value: Relationship to you:	[]Yes	M
In wh	ose name held:	Relationship to you:		
Do yo	ou or anyone else living at t miniums, cooperatives, two-f	he same address own any real ats, three-flats, etc.)?	estate (houses, □Yes	apartme
Do ye condo Addre Type o In who	ou or anyone else living at tominiums, cooperatives, two-fess of property: of property: ose name held: nt of monthly mortgage or loan	he same address own any real	estate (houses, □Yes	apartm
Do yo condo Addre Type of In who Amou Name	ou or anyone else living at tominiums, cooperatives, two-fess of property: of property: ose name held: of monthly mortgage or loan of person making payments: u or anyone else living at the	he same address own any real ats, three-flats, etc.)? Current value: Relationship to you: payments:	estate (houses,	lers, mo
Do yo condo Addre Type of In who Amou Name Do yo homes	ou or anyone else living at ominiums, cooperatives, two-fiss of property: of property: ose name held: ot of monthly mortgage or loan of person making payments: u or anyone else living at the or other items of personal protey:	he same address own any real ats, three-flats, etc.)? Current value: Relationship to you: payments: same address own any automol operty with a current market value	estate (houses, □Yes piles, boats, traile of more than \$	lers, mo
Do yo condo Addre Type of In who Amou Name Do yo homes	ou or anyone else living at ominiums, cooperatives, two-fiss of property: of property: ose name held: ot of monthly mortgage or loan of person making payments: u or anyone else living at the or other items of personal protey:	he same address own any real ats, three-flats, etc.)? Current value: Relationship to you: payments: same address own any automol operty with a current market value	estate (houses, □Yes piles, boats, traile of more than \$	lers, mo

STATE OF ILLINOIS COUNTY OF COOK

SS

AFFIDAVIT

1 The understance hereby certify under penally of perfury
That The following facts are true:
on or about 3-07 the defendants implemented polices
that ulolate my constitional riguts. The showers are
have been under disgusting and grotesque conditions
leaking inside the shower area. I canot shower without
getting fungus on ne or vaniting from the intense
disgusting odors. Defendants did so maliaously and
usously and untentionally with the intent to lause
plaintiff noury. Defendants also only allow me out of my
cellfor (1) hour a day, I am only a pretrial cletainer and
must be held to a less stangent standard standard standard
conjucted felon the hour lin allowed outside I only have
Time to shower and try my best touse the phone when
theres 30 plus detainees toying to use it at that same
I. Cornelius Osbovne being first duly sworn under oath depose and state
that the foregoing is true and correct and made upon my personal knowledge and
[am competent to testify thereto.

notarized underandby 735 ILCS Cornelius Osborne

S-109, under Purjury ubscribed and affirmed to before me

hour. It takes me sminutes to get connected formy family and the cell last 20 minutes thats 28 minutes which obviously isn't enough time for ofthis I suffer from sewere hee daches, severe enough time out. Lack of hygene, Skin rashes, teaming, that showers grotes are conditions

Case 1:07-cv-06800

Document 9

Filed 12/18/2007 Page 75 of 92 CYINE

20070050323

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

11-13-2007

Complies Osland
Signature of Applicant

Cornelius Osborne (Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

referry that the applicant named herein perefice Usberne, ID# Lov Job 323 has the sum
of\$ 4.99 on account to his/her credit at (name of institution) Cook Dept of
further certify that the applicant has the following securities to his/her credit: I further
certify that during the past six months the applicant's average monthly deposit was \$ 4800
Add all deposits from all sources and then divide by number of months).
12/4/07 SIGNATURE OF AUTHORIZED OFFICER
Sec worker De An
(Print name)

rev. 7/18/02



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 12/04/2007

Inmate Name: OSBORNE, CORNELIUS

\$4.99 Balance:

Inmate Number: 20070050323 4/21/1966 Inmate DOB:

Stamp 11/28/2007 11/19/2007	Transaction ORDER DEBIT ORDER DEBIT	F	-7.23 -16.01 25.00	Balance 4.99 12.22 28.23
11/16/2007	CREDIT ORDER DEBIT		-48.43	3.23
11/14/2007	CREDIT		_ 25.00	51.66
11/13/2007	CREDIT		25.00	26.66
11/02/2007	ORDER DEBIT		-24.85	1.66
10/25/2007	CREDIT		~ 25.00	26.51
10/19/2007	ORDER DEBIT		-17.60	1.51
10/18/2007	ORDER DEBIT		-35.31	19.11
10/12/2007	CREDIT		20.00	54.42
10/05/2007	ORDER DEBIT		-23.50	34.42
10/04/2007	CREDIT		38.00	57.92
10/03/2007	CREDIT		/ 15.00	19.92
09/28/2007	ORDER DEBIT		-28.50	4.92
09/27/2007	CREDIT		~ 20.00	33.42
09/25/2007	ORDER DEBIT		-17.30	13.42
09/21/2007	CREDIT		15.00	30.72
09/14/2007	CREDIT		/ 15.00	15.72
09/10/2007 09/06/2007	ORDER DEBIT		-18.79	0.72
09/06/2007	CREDIT		/ 15.00	19.51
08/16/2007	ORDER DEBIT		-20.37	4.51
08/15/2007	CREDIT		> 20.00	24.88
08/13/2007	ORDER DEBIT		-21.51	4.88
08/09/2007	CREDIT		~ 22.00	26.39
08/01/2007	ORDER DEBIT		-8.59	4.39
08/01/2007	CREDIT		> 10.00	12.98
07/26/2007	ORDER DEBIT		-12.82	2.98
07/24/2007	CREDIT		15.00	15.80
07/24/2007	ORDER DEBIT		-14.42	0.80
07/20/2007	CREDIT		15.00	15.22
07/12/2007	ORDER DEBIT		-9.78	0.22
07/10/2007	CREDIT		/ 10.00	10.00

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7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND

Adho	aintiff et.al.	$\frac{1}{2} \cos(4\pi i)$	FINANCIA	L AFFIDA	VIT
•	v.				
Shew	esca Tom Dorst		CASE NUMBER_(27-C-6	800
D	efendant(s) et, al,	•	JUDGE Holder	nan/Ashn	<u>M(5,r)</u>
and provide I,	I am unable to pay the costs of the costs of the costs of perition/motion/appeal. I sestions under penalty of peritions under penalty of peritions.	ease PRINT:	that I am the Mpl affidavit constitute ion for appointmen ags, and that I am of tetition/application	er to each such aintiff []petits my application to founsel, on the motion/apper	ioner Omovant on I to proceed or M both. I also relief sought in al, I answer the
_	you currently incarcerated? #2007-001-817 ou receive any payment from	MYes _Name of prison on the institution? [□No (If " rjail: <u>Coo() ()</u> □Yes □No Mo	No," go to Quantity DE AL	nestion 2) hound of Coulomb
Mont	you currently employed? thly salary or wages: and address of employer:	□Yes	Δiν ₀		
a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last	- 			
b.	Are you married? Spouse's monthly salary of Name and address of empl	□Yes or wages: oyer:	MNo		-
	from your income stated aboone else living at the sames? Mark an X in either "Yes	ve in response to (Question 2, in the pa	ast twelve mor	nths have you
a. Amoun	Salary or wages	_Received by		□Yes	MNo

b.			□Yes	ΦN ₀	
c. Amo		☐ interest or ☐ dividends Received by	-4	□Yes	⊠N₀
ď.	compensation, 🗆 un	ial security, □ annuities, □ life i employment, □ welfare, □ alimor	ny or mair	ntenance or ☐ ☐Yes	y, 🗆 worke child supp
Amou	ınt	Received by		· · · · · · · · · · · · · · · · · · ·	
c . Amou	☐ Gifts or ☐ inheri	itances Received by	·	□Yes	DΝο
f.	☐Any other sources	(state source:Received by		□Yes	12No
savin In wh Do ye	gs accounts? lose name held: ou or anyone else livi	ng at the same address have more Yes ANo Relationship t ng at the same address own any	Total an	nount:	
Prope	cial instruments? crty:ose name held:	Current Value:	: to you:	[]Yes	ØN₀
	ou or anyone else livi	ng at the same address own any	y real est	□Yes	apartments
condo	miniums, cooperatives ss of property:	, two-flats, three-flats, etc.)?			No
Condo Addre Type o In who	ss of property:	Current value: Relationship to or loan payments:	you:		· ~ = ·
Addre Type o In who Amoun Name	ss of property: of property: ose name held: nt of monthly mortgage of person making payme u or anyone else living	Current value: Relationship to	you:	es, boats, trai	lers, mobile
Addre Type of In who Amoun Name Do you homes	ss of property: of property: ose name held: nt of monthly mortgage of person making payme u or anyone else living or other items of perso	Current value: Relationship to or loan payments: ents: g at the same address own any authoral property with a current marke	you: utomobile ct value o	es, boats, trai f more than \$	lers, mobile 1000?
Addre Type of In who Amoun Name Do you homes	ss of property: of property: ose name held: nt of monthly mortgage of person making payme u or anyone else living or other items of perso	Current value: Relationship to or loan payments: ents: g at the same address own any authoral property with a current marke	you: utomobile ct value o	es, boats, trai f more than \$	lers, mobile 1000?
Condo Addre Type o In who Amoun Name Do you homes	ss of property: of property: ose name held: nt of monthly mortgage of person making payme u or anyone else living or other items of perso	Current value: Relationship to or loan payments: ents: g at the same address own any au onal property with a current marke	you: utomobile ct value o	es, boats, trai f more than \$	lers, mobile 1000?

Case	1:07-cv-06800	Document 9	Filed 12/18/2007	Page 79 of 92
STATE OF ILLINOIS	}		•	
COUNTY OF COOK)			
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day o	of DEC.	2007_		
anthony roles	a)			
tary Public				

Case 1:07-cv-06800

Document 9

Filed 12/18/2007 Page 80 or 93 ()

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 12-03-200°)

Signature of Applicant

Arthorn Marie

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

,	1
I certify that the applicant named herein, Anthony Johnson, I.D.# 20070041817, has the sum	
on account to his/her credit at (name of institution)). 10L-
That ther certify that the applicant has the following securities to his/her credit	
certify that during the past six months the applicant's average monthly deposit was \$ 5 4. 00	
(Add all deposits from all sources and then divide by number of months).	

19/5/07 DATE

Soc Worker Coan SIGNATURE OF AUTHORIZED OFFICER

Soe worken DeAn

rev. 7/18/02



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 12/05/2007

Inmate Name: JOHNSON, ANTHONY

Balance: \$32.89

Inmate Number: 20070041817 10/6/1980 Inmate DOB:

Stamp	Transaction	Amount	Balance
12/05/2007	ORDER DEBIT	-18.54	32.89
11/28/2007	ORDER DEBIT	-28.89	51.43
11/26/2007	CREDIT	75.00	80.32
11/19/2007	ORDER DEBIT	-8.08	5.32
11/08/2007	ORDER DEBIT	-21.87	13.40
11/07/2007	CREDIT	30.00	35.27
10/25/2007	ORDER DEBIT	-11.90	5.27
10/12/2007	ORDER DEBIT	-20.74	17.17
10/10/2007	CREDIT	31.05	37.91
10/04/2007	ORDER DEBIT	-19.31	6.86
09/27/2007	ORDER DEBIT	-16.04	26.17
09/24/2007	RETURN CREDIT	1.56	42.21
09/21/2007	ORDER DEBIT	-14.81	40.65
09/14/2007	ORDER DEBIT	-9.79	55.46
09/06/2007	CREDIT	50.00	65.25
09/06/2007	ORDER DEBIT	-13.50	15.25
09/04/2007	RETURN CREDIT	2.40	28.75
08/31/2007	ORDER DEBIT	-24.06	26.35
08/21/2007	CREDIT	50.00	50.41
08/16/2007	ORDER DEBIT	-3.12	0.41
08/10/2007	ORDER DEBIT	-6.33	3.53
08/01/2007	ORDER DEBIT	-40.16	9.86
07/27/2007	CREDIT	50.00	50.02
07/12/2007	ORDER DEBIT	-28.77	0.02
07/11/2007	CREDIT	- 25.00	28.79
07/07/2007	RETURN CREDIT	3.28	3.79
07/05/2007	ORDER DEBIT	-30.89	0.51
07/03/2007	CREDIT	31.00	31.40
06/14/2007	ORDER DEBIT	-15.60	0.40
06/13/2007	CREDIT	16.00	16.00

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7/11/02

3.

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

CL

PEr	Plaintiff 6+-AL	FINANC	AND IAL AFFIDA	VIT	
	γ.				
Sh	Tom eriff DAR+ Defendant(s) E+-AL	case numbe judge <u>Hold</u>	ROZ-L-68 PERMANIAS	HMAN	
and pro I, (other_ withou declare the con	per Dis included, please place an X into whichever formation than the space that is provided, attacked the additional information. Please PRINT: in the above-entitled case that I am unable to pay the costs of these proplaint/petition/motion/appeal. In support of any questions under penalty of perjury:	declare that I am the I e. This affidavit consti	Trefer to each such the policy of the policy	tioner Omovant ion to proceed or Wooth, Ialso	
1	Are you currently incarcerated? I.D. #20060094604 Name of property Name of	/ Yes □No (prison or jail: <u>C.c.c.K. (</u> ution? □Yes ☑No	If "No," go to Q OUNTY DEC Monthly amoun	uestion 2) <u>NT+MEN+07</u> t: 06xN	×(4)
2.	Are you currently employed? Monthly salary or wages: Name and address of employer:	/	,		
a	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last employer:	A			
ь	Spouse's monthly salary or wages: Name and address of employer:				
	part from your income stated above in responsions anyone else living at the same address resurces? Mark an X in either "Yes" or "No",	nse to Question 2, in the	e past twelve mo	nths have you	
a. Ar	Salary or wages mountReceived	by∙	□Yes	QMo	

Amo	☐ Business, ☐ profession or ☐ other self-employment ount Received by	□Yes	ØNo	
c. Amo	☐ Rent payments, ☐ interest or ☐ dividends untReceived by	□Yes	©/No	
đ.	☐ Pensions, ☐ social security, ☐ annuities, ☐ life insura compensation, ☐ unemployment, ☐ welfare, ☐ alimony or r	nce, □ disability maintenance or □ □Yes	v, □ worker child suppo DNo	
Amo	untReceived by			
e. Amoi	☐ Gifts or ☐ inheritances unt Received by	□Yes	ØN ₀	
f. Amou	☐Any other sources (state source:	_) □Yes	ĮΣΝο	
savin	rou or anyone else living at the same address have more than ags accounts? Yes Relationship to you	d amount:	_	
finan Propa	ou or anyone else living at the same address own any stock cial instruments? erty: Current Value: ose name held: Relationship to you	LJYes	ĮΖNο	
finan Prope In wh Do yo condo Addre Type o In wh Amou	cial instruments? crty: Current Value: cose name held: Relationship to you ou or anyone else living at the same address own any real comminiums, cooperatives, two-flats, three-flats, etc.)? css of property: Current value: cose name held: Relationship to you: curt of monthly mortgage or loan payments:	EJYes :estate (houses,	apartments,	
finan Prope In wh Do yo condo Addre Type In wh Amou Name	cial instruments? erty: Current Value: cose name held: Relationship to you ou or anyone else living at the same address own any real comminiums, cooperatives, two-flats, three-flats, etc.)? ess of property: Current value: cose name held: Relationship to you:	Elyes : : : : : : : : : : : : : : : : : :	apartments, WNo	
finan Prope In wh Do yo condo Addre Type In wh Amou Name Do yo homes	cial instruments? erty:	Elyes : : : : : : : : : : : : : : : : : :	apartments, ZNo lers, mobile 1000?	
finan Prope In wh Do yo condo Addre Type In wh Amou Name Do yo homes	cial instruments? erty: Current Value: cose name held: Relationship to you ou or anyone else living at the same address own any real comminiums, cooperatives, two-flats, three-flats, etc.)? ess of property: Current value: cose name held: Relationship to you: ant of monthly mortgage or loan payments: cof person making payments: ou or anyone else living at the same address own any automost or other items of personal property with a current market value.	Elyes : : : : : : : : : : : : : : : : : :	apartments ZNo lers, mobile 1000?	

Case 1:07-cv-06800 Document 9 Filed 12/18/2007 Page 84 of 92 STATE OF ILLINOIS COUNTY OF COOK SS **AFFIDAVIT** being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto. NOTAVIZED under And by ILCS 5-109, under purjur Subscribed and affirmed to before me

Case 1:07-cv-06800

007 Page 85 of 92 Frey MADDEN #20060094604

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(c)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

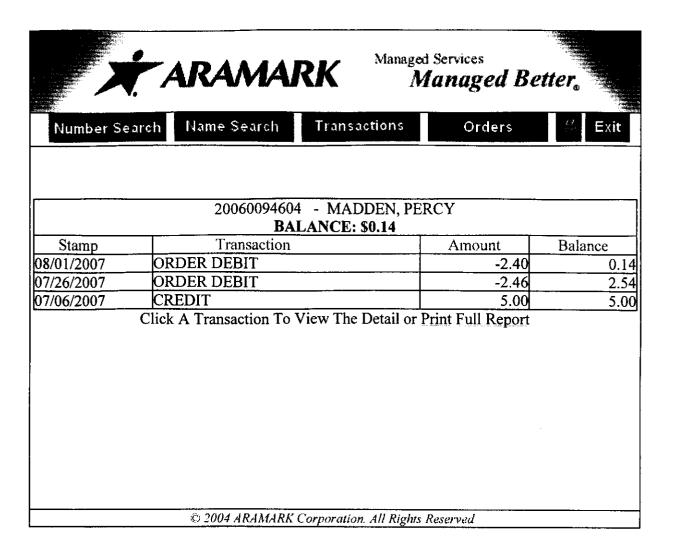
Date: 11-15-07

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period-and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only)

(To be completed by the institution of incarceration)

recently that the applicant named herein,	Terey MAdden, I.D.# 2006009460 has the sum
of \$ 0.14 on account to his/her	credit at (name of institution) Cook Courts, Tail
I further certify that the applicant has the	following securities to his/her credit: I further
certify that during the past six months the	e applicant's average monthly deposit was \$ 5.00
(Add all deposits from all sources and the	n divide by number of months).
13-06-07 DATE	SOE Work Dear SIGNATURE OF AUTHORIZED OFFICER
•	Soe Worker DeAn



7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

CA	RDELL	ENGLISH 20070038229	,	FINANCIA	L AFFIDAY	II
	Pla	intiff ET AL,				
	ν.					
S	HERIF	F TOM DART		CASE NUMBER_	07-6-68	100
	De	efendant(s) ET AL,	J	UDGE HOLDER	man/ashin	lan
-	•				·	
more and p	informa rovide tl CARDEL	s included, please place an X in tion than the space that is provente additional information. Please ENGLISH in the above-end of the space of the s	ided, attach one or se PRINT: declare	more pages that re	fer to each such o	question numbe
witho declar the co	re that I omplain	prepayment of fees, or in solution in solu	upport of my moti of these proceedir support of this p	on for appointmen igs, and that I am	nt of counsel, or entitled to the r	both. I also elief sought in
1.	I.D. #	you currently incarcerated? 20070039229 ou receive any payment from	MYes Name of prison of the institution? [r jail:COOK COUN	"No," go to Que TY JAIL onthly amount:	,
2.	Mont	rou currently employed? hly salary or wages: and address of employer:	□Yes	™ No		
	a .	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last				
	Ъ.	Are you married? Spouse's monthly salary o Name and address of emplo	oyer:	A DNo		
3.	or any	from your income stated abovene else living at the same as? Mark an X in either "Yes"	ve in response to (address received	l more than \$200	from any of t	he following:
	a. Amour	Salary or wages	Received by		□Yes	⊠No

Rent payments, interest or dividends Received by Pensions, social security, annuities, life insurance inpensation, unemployment, welfare, alimony or mainese in Received by	e, \square disability intenance or \square \square Yes	, □ workers child suppor
npensation, □ unemployment, □ welfare, □ alimony or maiReceived by Gifts or □ inheritances	ntenance or 🗍	child suppor
Gifts or 🛘 inheritances		
Received by	□Yes	₽No
any other sources (state source:)Received by	□Yes	ŒNo
anyone else living at the same address have more than \$2 counts?	mount:	
anyone else living at the same address own any stocks, struments? Current Value: Relationship to you:	□Yes	Da No
me held: Relationship to you:	·	
anyone else living at the same address own any real earns, cooperatives, two-flats, three-flats, etc.)? property:	□Yes	€JNo
property:		
anyone else living at the same address own any automobilities are the same address of personal property with a current market value		
		· · · · · · · ·
e:		
ne held: Relationship to you:		
ons who are dependent on you for support, state your relati	onship to each	person and dependents
3	me held:Relationship to you: sons who are dependent on you for support, state your relative much you contribute monthly to their support. If none, che	me held:Relationship to you: sons who are dependent on you for support, state your relationship to each wouch you contribute monthly to their support. If none, check here ENo

Case 1:07-cv-06800 Document 9 Filed 12/18/2007 Page 89 of 92					
STATE OF ILLINOIS)					
COUNTY OF COOK					
) ss)					
;					
<u>AFFIDAVIT</u>					
I CARDELL ENGLISH DO SWEAR THAT THE FOLLOWING IS					
TRUE TO THE BEST OF MY KNOWLEDGE. AND IF CALL-					
ED TO TESTIFY I WOULD DO SO SWEARING TO THE					
FACTS HEREIN:					
ON OR ABOUT OT I WINESSED THE DEFENDANTS					
IMPLEMENT A POLICY THAT VIOLATES MY CONSTITUTIONAL					
RIGHTS. I. C DEFENDANTS ONLY ALLOW ME OUTSIDE MY					
CELL FOR UP TO ONE (1) HOUR A DAY, AND I'M ONLY A					
PRE-TRIAL DETAINEE "AND MUST BEHELD TO A LESS STRE-					
NGENT STANDARD THAN THAT OF A CONVICTED FELON. WHILE					
OUT MY CELL FOR THE "HOUR (WITH 30 PLUS) OTHER DETAINER'S					
I MUST SHOWER, AND THE CALL LAST 20 MINS, THAT'S 25 MINS.					
HATS ONLY ENOUGH Time FOR TWO PEOPLE TO USE THE PHONE.					
95 A RESULT, I SUPFER FROM SEVERE HEADACHES, SEVERE DEPRESSION					
AND LOST OF DEFENCE OF MY CASE DUE TO NOT ENOUGH TIME OUT.					
. Cardell English being first duly sworn under oath depose and state					
hat the foregoing is true and correct and made upon my personal knowledge and					
am competent to testify thereto.					
notarized under And by 135 Iccs					
5-109, under Purjury 10-50-06 Cardell English Cardell English					
Cardell English					
Hotaired					
abscribed and affirmed to before me					
nis <u>//</u> day of /2 ,200 <u>0</u> ?					

his // day of 12 ,20007

Cardell English

ptary Public

Case 1:07-cv-06800 / Document 9 on Eiled 12/18/2007 Page 91 of 92

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: You 21,2007

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

of son account to his/her credit at (name of institution) Cook of Dept of Constitution
of \$ on account to his/her credit at (name of institution) Cook of Dopt of Corner to
I further certify that the applicant has the following securities to his/her credit: I further
certify that during the past six months the applicant's average monthly deposit was \$ 6.00
(Add all deposits from all sources and then divide by number of months).
DATE SIGNATURE OF AUTHORIZED OFFICER
Soc Werker DeAn



Managed Services Managed Better

Number Search

Name Search

Transactions

Orders

20070038229 - ENGLISH, CARDELL BALANCE: \$0.01					
Stamp	Transaction	Amount	Balance		
09/06/2007	ORDER DEBIT	-25.03	0.01		
08/31/2007	RETURN CREDIT	24.65	25.04		
07/17/2007	ORDER DEBIT	-24.65	0.39		
07/16/2007	CREDIT	25.00	25.04		
06/08/2007	ORDER DEBIT	-9.96	0.04		
05/29/2007	CREDIT	10.00	10.00		

Click A Transaction To View The Detail or Print Full Report

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